## **U.S.** Department of the Interior

Bureau of Safety and Environmental Enforcement (BSEE)

Submit ORIGINAL

OMB control Number 1014-0018 OMB Approval Expires 10/31/2017

## **WELL ACTIVITY REPORT**

BEGINNING DATE: 09/27/2015 ENDING DATE: 09/27/2015

REPORT IS NOT TO EXCEED 7 DAYS (1 WEEK) IN DURATION

☐ CORRECTION ☐ CHECK IF THIS IS THE LAST WELL ACTIVITY REPORT															
GENERAL INFORMATION															
1. API WELL I	I. API WELL NO. (10 digits) 2. OPERATOR NAME														
55-352-00007-00 Shell Gulf of Mexico Inc.															
3. WELL NAME 4. SIDETRACK NO. 5. BYPASS								NO.	6. CONTACT NAME / CONTACT TELEPHONE NUMBER / CONTACT E-MAIL ADDRESS						
BV001 00 00									K. Long (907) 770-3700; regulatory-reporting@shell.co						
7. RIG NAME OR PRIMARY UNIT (e.g., wireline unit, coil tubing unit, etc.) 8. WATER DEPTH 9. ELEVATION AT KB											В				
Noble Discoverer  (surveyed) (ft)  N/A  (Surveyed) (ft)  N/A															
10. CURRENT WELLBORE INFORMATION															
SURFACE								ВОТТОМ							
LEASE NO.							LEASE NO. BLOCK NO.								
OCS-Y 2324	Posey				6915			OC	S-Y	232	24	6915			
WELLBORE		START TD D		DATE STATUS		END	DATE	KOP (MD)	MD	TVD	MW PPG	LAST BOP TEST DATE		OP TEST SSURE	
					SU.								LOW	HIGH	
						1	N/A				N/A	N/A	N/A		
11. WELLBORE HISTORICAL INFORMATION															
WELLBORE BOTTOM LEASE			START DATE TD			DATE	PA DATE		FINAL MD		FINAL TVD				
	ocs	S-Y 2	2324												
					•										
				·											

## **WELL ACTIVITY REPORT**

12. CASING / LINER / TUBING RECORD										
TUBULAR	HOLE SIZE	SIZE	WEIGHT (#/ft)	GRADE	TEST PRESSURE (psi)	SHOE E TEST	SETTING D	DEPTH (MD)	CEMENT QUANTITY	
TYPE	(IN)	(IN)				(EMW)	TOP	воттом	(cubic ft.)	
		$\vdash \vdash$			<del>                                     </del>					
		$\vdash$		<u> </u>	<del> </del>	+	<u> </u>			
		$\vdash \vdash$			<u> </u>	-	<u> </u>			
					<u> </u>					
13. WELL ACTIVITY SUMMARY Provide a daily summary of well activities.										
							NA			
				14. Or	en Hole	Log Data				
									company this Well	
Activity Re	Activity Report if any of the below conditions have occurred for this wellbore during this period:									
			ving have occurred							
	Wireline logs (Report when acquired)									
			rectionals (Repor		•	• • • • • •		· · · · · /D		
								·	port when acquired)	
		='	MWD/LWD logs	•		_	-			
	₽VT,	Paleo	ntological and Ge	ochemical:	Samples a	equired for ar	nalysis (Repo	ort at comple	tion of Borehole)	
	Any of the	above l	have occurred; if c	hecked then	ı submit For	m BSEE-0133	S.			
				15. Sigr	nificant \	Vell Event	s			
Please ch	eck as ma	ny eve	ents from the lis	st below:						
	Kick Occurr	ence			Well	Control Equip	ment Failure			
	Shallow Wa	ater Flo	)W		H <sub>2</sub> S	H₂S Encounter				
	Weather an	d Ocea	anographic Conditi	ions	New	New Technology Failure				
	General Rig	Equip و	oment Failure	[	Stuc	Stuck Pipe				
	Lost Returns			[	Well	Wellbore Integrity Failure				
	Station Keeping Failure				Othe	Other				

## WELL ACTIVITY REPORT

Please provide narrative information with regards to any significant events. Provide attachments, if necessary.
CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that
making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.

Name and Title: W. Sears, Regulatory Specialist Date: 28 September 2015

PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. BSEE uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operations. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for Forms BSEE-0133 and BSEE-0133S is approximately 1 hour per form per response. This includes the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.