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**REGIONAL SUPERVISOR**  
**FIELD OPERATIONS**  
**BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT**

**U.S. Department of the Interior**  
Bureau of Safety and Environmental  
Enforcement (BSEE)

**Application for Permit to Drill (APD)**

1. PROPOSAL TO DRILL <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> SIDETRACK <input type="checkbox"/> BYPASS <input type="checkbox"/> DEEPEN		2. BSEE OPERATOR NO. 02117		3. OPERATOR NAME and ADDRESS (Submitting office) Shell Gulf Of Mexico Inc. 3601 C Street Suite 1000 Anchorage AK 99503	
4. WELL NAME (CURRENT) OCS-Y 2321 #001 (Burger J)		5. SIDETRACK NO. (CURRENT)		6. BYPASS NO. (CURRENT)	
7. PROPOSED START DATE July 4, 2015		8. PLAN CONTROL NO. (NEW WELL ONLY) n/a			
9. API WELL NO. (CURRENT SIDETRACK/BYPASS) (12 DIGITS) 553520000400					
10. <input checked="" type="checkbox"/> Revision		11. If revision, list changes: See updates provided within the ewell system.			
WELL AT TOTAL DEPTH (PROPOSED)			WELL AT SURFACE		
12. LEASE NO. OCS-Y 2321			17. LEASE NO. and FACILITY NAME OCS-Y 2321		
13. AREA NAME Posey			18. AREA NAME Posey		
14. BLOCK NO. 6912 (N71 deg 10' 24.03"; W163 deg 28' 18.52")			19. BLOCK NO. 6912 (N71 deg 10' 24.03"; W163 deg 28' 18.52")		
15. LATITUDE <input type="checkbox"/> NAD83 / <input type="checkbox"/> NAD27		16. LONGITUDE <input type="checkbox"/> NAD83 / <input type="checkbox"/> NAD27		21. LONGITUDE <input checked="" type="checkbox"/> NAD83 / <input type="checkbox"/> NAD27	
<b>LIST OF SIGNIFICANT MARKERS ANTICIPATED</b>					
22. NAME	23. TOP (MD)	24. TOP (TVD)	22. NAME	23. TOP (MD)	24. TOP (TVD)
25. LIST ALL ATTACHMENTS (Attach complete well prognosis + attachments required by 30 CFR 250.414 or 30 CFR 250.1617 (c) and (d) as appropriate.)					
26. CONTACT NAME Greg Horner		27. CONTACT TELEPHONE NO. 907-646-7131		28. CONTACT E-MAIL ADDRESS Greg.Horner@Shell.com	
CERTIFICATION: I certify that 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 (signature in #31. Below)					
29. AUTHORIZING OFFICIAL (Type or print name) William Sears			30. TITLE Regulatory Specialist		
31. AUTHORIZING SIGNATURE <i>W A Sears</i>			32. DATE 06-26-2015		
<b>THIS SPACE FOR BSEE USE ONLY</b>					
APPROVED: <input checked="" type="checkbox"/> With Attached Conditions <input type="checkbox"/> Without Conditions		BY: <i>Kevin J. Pendergast</i> Kevin J. Pendergast		TITLE: Regional Supervisor Field Operations	
API WELL NO. ASSIGNED TO THIS WELL 55-352-00004-00				DATE: 7/22/15	

Application for Permit to Drill (APD) Information Sheet

33) Question Information Sheet		
Questions	Response	Remarks
A) Will you maintain quantities of mud and mud material (including weight materials and additives) sufficient to raise the entire system mud weight ½ ppg or more?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
B) If hydrocarbon-based drilling fluids were used, is the drilling rig outfitted for zero discharge and will zero discharge procedures be followed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Water base drilling mud will be used.
C) If drilling the shallow casings strings riserless, will you maintain kill weight mud on the rig and monitor the wellbore with an ROV to ensure that it is not flowing?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Kill weight mud will be stored on the MODU in sufficient quantities to kill any flows. Riser and BOP to be installed after setting surface casing at ~1,242 feet below the mudline. All deeper portions of the well will be drilled with the riser installed. ROV monitoring will be in place.
D) If requesting a waiver of the conductor casing, have you submitted a log to BSEE District Office that is within 500 feet of the proposed bottom hole location for the proposed surface casing point?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Surface casing to be installed at a depth of approximately 1,242 feet below the mudline.
E) Will the proposed operation be covered by an EPA Discharge Permit? (please provide permit number in remarks for this question)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Discharges from the proposed operation will be covered under the EPA NPDES Arctic General Permit, authorization number AKG-28-8100.
F) Will all wells in the well bay and related production equipment be shut-in when moving on to or off of an offshore platform, or from well to well on the platform? If not, please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	The proposed well will be drilled from a MODU, not from a platform.
G) Is the calculated daily volume possible from an uncontrolled blowout of this well greater than the daily volume included in the worst case discharge scenario in the approved oil spill response plan?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
H) Has the drilling rig been approved for the use of digital BOP testing? If yes, which version?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

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 operation. 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 BSEE Forms 0123 and 0123S are estimated to average 100 hours per response. This includes the time for reviewing the 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, HE3313, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Herndon, VA 20170.

**RECEIVED**  
JUN 29 2015  
REGIONAL SUPERVISOR  
FIELD OPERATIONS  
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT

**Supplemental APD Information Sheet (Casing Design)**

1) Operator Name: Shell Gulf of Mexico, Inc.		2) Well Name (Proposed): 001 ST:	
3) Bottom Hole Lease:		4) Surface Lease: OCS-Y 2321	
5) API Number: 553520000400		6) Type of well: <input checked="" type="checkbox"/> Exploratory <input type="checkbox"/> Development	
7) H <sub>2</sub> S: <input type="checkbox"/> Absent <input type="checkbox"/> Known <input type="checkbox"/> Unknown		8) H <sub>2</sub> S Activation Plan Depth (TVD) (ft):	
9) Rig Name: Polar Pioneer		10) SubSea BOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11) Water Depth (ft): 144		12) RKB Height (ft): 76	13) Mineral Code: oil
14) Drive Pipe Size (in): 36 (conductor)		15) Drive Pipe Depth (ft):	16) Anchors <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**17) Well Design Information**

Interval Number: 1		Type: Casing			Name: Surface			
Section Number	Casing Size (in)	Casing Weight (#/ft)	Casing Grade	Burst Rating (psi)	Collapse Rating (psi)	Depth (ft) MD TVD	Pore Pressure (ppg)	

GENERAL INFORMATION		PREVENTER INFORMATION		TEST INFORMATION	
Hole Size (in)		Type		Annular Test (psi)	
Mud Weight (ppg)		Size (in)		BOP/Diverter Test (psi)	
Mud Type Code		Wellhead Rating (psi)		Mud Test Weight (ppg)	
Frac Gradient (ppg)		Annular Rating (psi)		Casing/Liner Test (psi)	
Liner Top Depth (ft)		BOP/Diverter Rating (psi)		Formation Test (ppg)	
Cement Volume (ft <sup>3</sup> )					

Interval Number:		Type:			Name:			
Section Number	Casing Size (in)	Casing Weight (#/ft)	Casing Grade	Burst Rating (psi)	Collapse Rating (psi)	Depth (ft) MD TVD	Pore Pressure (ppg)	

GENERAL INFORMATION		PREVENTER INFORMATION		TEST INFORMATION	
Hole Size (in)		Type		Annular Test (psi)	
Mud Weight (ppg)		Size (in)		BOP/Diverter Test (psi)	
Mud Type Code		Wellhead Rating (psi)		Mud Test Weight (ppg)	
Frac Gradient (ppg)		Annular Rating (psi)		Casing/Liner Test (psi)	
Liner Top Depth (ft)		BOP/Diverter Rating (psi)		Formation Test (ppg)	
Cement Volume (ft <sup>3</sup> )					

Interval Number:		Type:			Name:			
Section Number	Casing Size (in)	Casing Weight (#/ft)	Casing Grade	Burst Rating (psi)	Collapse Rating (psi)	Depth (ft) MD TVD	Pore Pressure (ppg)	

GENERAL INFORMATION		PREVENTER INFORMATION		TEST INFORMATION	
Hole Size (in)		Type		Annular Test (psi)	
Mud Weight (ppg)		Size (in)		BOP/Diverter Test (psi)	
Mud Type Code		Wellhead Rating (psi)		Mud Test Weight (ppg)	
Frac Gradient (ppg)		Annular Rating (psi)		Casing/Liner Test (psi)	
Liner Top Depth (ft)		BOP/Diverter Rating (psi)		Formation Test (ppg)	
Cement Volume (ft <sup>3</sup> )					

**\*NOTE\*** For additional casing/liner intervals, please submit an additional Form BSEE-0123S.  
**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: WA Sears -Regulatory Specialist Date: 06-26-2015

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