

Application for Permit to Modify (APM)

1. WELL NAME (CURRENT)	2. SIDETRACK NO. (CURRENT)	3. BYPASS NO. (CURRENT)	4. OPERATOR NAME and ADDRESS <i>(Submitting office)</i>
5. API WELL NO. (12 digits)	6. START DATE (Proposed)	7. ESTIMATED DURATION (DAYS)	
8. <input type="checkbox"/> Revision	9. If revision, please list changes:		

WELL AT TOTAL DEPTH		WELL AT SURFACE	
10. LEASE NO.		13. LEASE NO.	
11. AREA NAME		14. AREA NAME	
12. BLOCK NO.		15. BLOCK NO.	

Proposed or Completed Work

16. PROPOSED OR COMPLETED WORK (Describe in Section 17)

PLEASE SELECT ONLY ONE PRIMARY TYPE IN BOLD AND AS MANY SECONDARY TYPES AS NECESSARY.

<input type="checkbox"/> Enhance Production	<input type="checkbox"/> Workover:	<input type="checkbox"/> Completion:
<input type="checkbox"/> Acidize	<input type="checkbox"/> Change Tubing	<input type="checkbox"/> Initial Completion
<input type="checkbox"/> Artificial Lift	<input type="checkbox"/> Casing Pressure Repair	<input type="checkbox"/> Reperforation
<input type="checkbox"/> Wash/Desand Well		<input type="checkbox"/> Change Zone
<input type="checkbox"/> Jet Well	<input type="checkbox"/> Abandonment of Well Bore:	<input type="checkbox"/> Modify Perforations
<input type="checkbox"/> Utility	<input type="checkbox"/> Permanent Abandonment	<input type="checkbox"/> Information:
<input type="checkbox"/> Initial Injection Well	<input type="checkbox"/> Temporary Abandonment	<input type="checkbox"/> Surface Location Plat
<input type="checkbox"/> Additional Fluids for Injection	<input type="checkbox"/> Plugback to Sidetrack/Bypass	<input type="checkbox"/> Change Well Name
<input type="checkbox"/> Other Operations	<input type="checkbox"/> Site Clearance	
<input type="checkbox"/> Describe Operation(s)		

17. BRIEFLY DESCRIBE PROPOSED OPERATIONS (Attach prognosis):

18. LIST ALL ATTACHMENTS (Attach complete well prognosis and attachments required by 30 CFR 250.513(a) through (d); 250.613(a) through (d); 250.1712(a) through (f); 250.1721(a) through (g); 250.1722(a) through (d); or 250.1743(a).

19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.)

20. The greater of SITP or MASP (psi):	21. Type of Safety Valve (SV): ___ SCSSV ___ SSSCV ___ N/A	22. SV Depth BML (ft): _____
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23. Rig BOP (Rams)			24. Rig BOP (Annular)	
Size: (inches)	Working Pressure (psi)	Test Pressure (psi)	Working Pressure (psi)	Test Pressure (psi)
_____	_____	Low/High: _____	_____	Low/High: _____

25. Coiled Tubing BOP:		26. Snubbing Unit BOP:		27. Wireline Lubricator:	
Working Pressure (psi)	BOP Test Pressure (psi)	Working Pressure (psi)	Test Pressure (psi)	Working Pressure (psi)	Test Pressure (psi)
_____	Low/High: _____	_____	Low/High: _____	_____	Low/High: _____

28. CONTACT NAME:	29. CONTACT TELEPHONE NO.:	30. CONTACT E-MAIL ADDRESS:
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31. AUTHORIZING OFFICIAL (Type or print name)	32. TITLE
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33. AUTHORIZING SIGNATURE	34. DATE
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THIS SPACE FOR MMS USE ONLY		
APPROVED BY:	TITLE	DATE

Application for Permit to Modify (APM) Information Sheet

35) Question Information		
Questions	Response	Remarks
a) Is H ₂ S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
b) Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
c) 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 type="checkbox"/> N/A	
d) If sands are to be commingled for this completion, has aproval been obtained?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
e) Will the completed interval be within 500 feet of a block line? If yes, then comment.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
f) For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.	<input type="checkbox"/> YES <input 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. MMS 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 this form, MMS-124, is estimated to average between 1-3 hours per response, depending on whether it is a paper submittal or electronic submittal. 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, Mail Stop 4230, Minerals Management Service, 1849 C Street, NW, Washington, DC 20240.

