

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. Revision		9. If revision, 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)							
16. PLEASE SELECT ONLY ONE PRIMARY TYPE IN BOLD AND AS MANY SECONDARY TYPES AS NECESSARY.							
Completion		Workover:		Enhance Production			
<input type="checkbox"/> Initial Completion	<input type="checkbox"/> Reperforation	<input type="checkbox"/> Change Zone	<input type="checkbox"/> Modify Perforations	<input type="checkbox"/> Change Tubing	<input type="checkbox"/> Casing Pressure Repair	<input type="checkbox"/> Acidize	<input type="checkbox"/> Artificial Lift
<input type="checkbox"/> Initial Injection Well	<input type="checkbox"/> Additional Fluids for Injection	<input type="checkbox"/> Abandonment of Well Bore:	<input type="checkbox"/> Permanent Abandonment	<input type="checkbox"/> Temporary Abandonment	<input type="checkbox"/> Plugback to Sidetrack/Bypass	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Jet Well
<input type="checkbox"/> Well Integrity	<input type="checkbox"/> Describe Operation(s)	<input type="checkbox"/> Site Clearance	<input type="checkbox"/> Information:	<input type="checkbox"/> Surface Location Plat	<input type="checkbox"/> Change Well Name		
17. BRIEFLY DESCRIBE PROPOSED OPERATIONS (Attach prognosis):							
18. ATTACH ALL ATTACHMENTS (Attach complete well prognosis and attachments required by 30 CFR 250.465; 250.513(a) through (d); 250.514(d); 250.516(a); 250.517(d)(8); 250.517(d)(9)(i); 250.613(a) through (d); 250.614(d); 250.616(a); 250.616(f)(4); 250.617(d); 250.617(h)(1); 250.617(h)(2)(i); 250.1706(a); 250.1707(d); 250.1709; 250.1712(a) through (g); 250.1721(a); 250.1722(a); or 250.1743(a).)							
19. Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.)							
20. Test Pressure greater of SITP or MASP (psi):		21. Type of Safety Valve (SV): ___ SCSSV ___ SSCSV ___ N/A			22. SV Depth BML (ft): _____		
23. Rig BOP (Rams)				24. Rig BOP (Annular)			
Working Pressure (psi)		Test Pressure (psi)		Working Pressure (psi)		Test Pressure (psi)	
_____		Low/High: _____		_____		Low/High: _____	
25. Cased Tubing BOP:		26. Snubbing Unit BOP:		27. Wireline Lubricator:			
Working Pressure	BOP Test Pressure	Working Pressure	Test Pressure	Working Pressure	Test Pressure	Working Pressure	Test Pressure
(psi)	(psi)	(psi)	(psi)	(psi)	(psi)	(psi)	(psi)
Low/High: _____		Low/High: _____		Low/High: _____		Low/High: _____	
28. CONTACT NAME:		29. CONTACT TELEPHONE NO.:		30. CONTACT E-MAIL ADDRESS:			
31. AUTHORIZING OFFICIAL (Type or print name)				32. TITLE			
33. AUTHORIZING SIGNATURE				34. DATE			
THIS SPACE FOR BSEE USE ONLY							

APPROVED BY:

TITLE

DATE

BS

Form BSEE-0124 (Mo/YEAR - Supersedes all previous versions of this form which may not be used.)

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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 approval 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	

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: _____ Date: _____

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 reviewing the instructions, completing and filling out this form only is estimated to average 1 hour per response. The burden for the attachments required in the form range from 10 minutes to 1.5 hours depending on the requirement. 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, 381 Elden Street, Herndon, VA 20170.

