

FORM BSEE-0124

BSEE Home Help Suggestions Logout U.S. Department of the Interior

eWell Home

Welcome

Main Menu

Well Permit Applications and Revisions

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Well Reports

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- [Well Activity Report \(WAR\)](#)
- [Open Hole Data Report](#)
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- [Correction Report](#)

*Applicant select type

*Applicant select type **Well Selection List**

*Concatenated APM document will not contain the PDF rendering of the permit until it has been approved.

[What does the 'Payment Status' value mean?](#)

	API	WELL			BOTTOM			SURFACE			Permit Type	Operation Type	Status	Last Action Date	Payment Status
		Name	ST	BP	Area	Block	Lease	Area	Block	Lease					
<input type="radio"/>															
<input type="radio"/>															
<input type="radio"/>															
<input type="radio"/>															
<input type="radio"/>															

** eWell displays list of existing Recent permits with status of other info

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Permit to Modify Well

Welcome

APM Summary

Lease: ** Area/Block: ** Well Name ** Well Type: **
 Permit ID: ** Status: ** Operator: **
 Payment status: ++Calculated based on other data **Displayed based on other data

Operation Type	Question Information	Attachment Information
Safety Information	Procedural Narrative	Contact Information
Status History	Review Status	

Errors & Comments:

Contacts Information

Lease: ** Area/Block: ** Well Name ** Well Type: **
 Permit ID: ** Status: ** Operator: **
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Name:	
Company:	* Entered by Applicant
Phone Number:	
E-mail Address:	
Contact Description:	

Operation Type Information

Lease: ** Area/Block: ** Well Name: ** Well Type: **
 Permit ID: ** Status: ** Operator: ** Displayed based on other data
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API number	Well Name	ST	BP	Well Status	Type	Water Depth
** Displayed by eWell based on well associated with APM						
SURFACE			BOTTOM			
Lease	Area	Block	Lease	Area	Block	
** Displayed by eWell based on well associated with APM						

Please select from the list below the Primary Permit Type and as many other Permit Subtypes which best describes the intended well operation.

Permit Primary Type: Other Operation

Enhance Production:

- Acidize
- Artificial Lift
- Wash/Desand Well
- Jet Well

Utility:

- Initial Injection Well
- Additional Fluids for Injection

Workover:

- Change Tubing
- Casing Pressure Repair

Abandonment of Well Bore:

- Permanent Abandonment
- Temporary Abandonment
- Plugback to Sidetrack/Bypass
- Site Clearance

Completion:

- Initial Completion
- Reperforation
- Change Zone
- Modify Perforations

Information:

- Surface Location Plat
- Change Well Name

Other Operation:

- Describe Operation(s)

Operation Description:

Save
Next
Summary

Safety Information

Lease: ** Area/Block: ** Well Name ** Well Type: **
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Subsurface Safety Valve

Type Installed: SCSSV SSSCV N/A

Feet below Mudline: Ft. BML

Please provide the maximum anticipated or actual shut-in tubing pressure, if applicable.

Shut-In Tubing Pressures: (psi)

Rig Information:

Blowout Preventers

Please designate and provide the Test Information (fill in applicable fields) for all type blowout preventers utilized for this operation.

Rig Type Blowout Preventer:

BOP				Annular			
Size (inch)	Working Pressure (psi)	Test Pressure (psi)		Working Pressure (psi)	Test Pressure (psi)		
<input type="text"/>	<input type="text"/>	Low: <input type="text"/>	High: <input type="text"/>	<input type="text"/>	Low: <input type="text"/>	High: <input type="text"/>	

Coil Tubing Unit Blowout Preventer:

Snubbing Unit Blowout Preventer:

Wireline Lubricator:

Working Pressure (psi)	BOP Test Pressure (psi)		Working Pressure (psi)	BOP Test Pressure (psi)		Working Pressure (psi)	Test Pressure (psi)
<input type="text"/>	Low: <input type="text"/>	High: <input type="text"/>	<input type="text"/>	Low: <input type="text"/>	High: <input type="text"/>	<input type="text"/>	<input type="text"/>

Select Rig

*Applicant selects Rig from list

Rig ID	Rig Name	Rig Type	Select
60005	* BARGE RIG TO BE DETERMINED	BARGE	<input type="radio"/>
45016	* COIL TUBING UNIT	PLATFORM	<input type="radio"/>
45023	* COIL TUBING UNIT (HOUMA #2)	PLATFORM	<input type="radio"/>
45028	* COIL TUBING UNIT (HOUMA #3)	PLATFORM	<input type="radio"/>
45018	* COIL TUBING UNIT (HOUMA DIST)	PLATFORM	<input type="radio"/>
45025	* COIL TUBING UNIT (L.C. #2)	PLATFORM	<input type="radio"/>
45030	* COIL TUBING UNIT (L.C. #3)	PLATFORM	<input type="radio"/>
45020	* COIL TUBING UNIT (L.C. DIST)	PLATFORM	<input type="radio"/>
45026	* COIL TUBING UNIT (L.J. #2)	PLATFORM	<input type="radio"/>
45031	* COIL TUBING UNIT (L.J. #3)	PLATFORM	<input type="radio"/>
45021	* COIL TUBING UNIT (L.J. DIST)	PLATFORM	<input type="radio"/>
45024	* COIL TUBING UNIT (LAF #2)	PLATFORM	<input type="radio"/>
45029	* COIL TUBING UNIT (LAF #3)	PLATFORM	<input type="radio"/>
45019	* COIL TUBING UNIT (LAF DIST)	PLATFORM	<input type="radio"/>
45022	* COIL TUBING UNIT (N.O. #2)	PLATFORM	<input type="radio"/>
45027	* COIL TUBING UNIT (N.O. #3)	PLATFORM	<input type="radio"/>
45017	* COIL TUBING UNIT (N.O. DIST)	PLATFORM	<input type="radio"/>
60001	* DP SEMI RIG TO BE DETERMINED	DP SEMISUBMERSIBLE	<input type="radio"/>
60002	* DRILL SHIP TO BE DETERMINED	DRILLSHIP	<input type="radio"/>

Question Information

Lease: ** Area/Block: ** Well Name: ** Well Type: **
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Date commencing work (mm/dd/yyyy):

Estimated duration of the operation:

1 days

If a verbal has been given for this operation, please complete the following:

Approval Official:

Date (mm/dd/yyyy):

Question		Remarks
1. Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.	YES <input type="radio"/> NO <input checked="" type="radio"/> N/A <input type="radio"/>	
2. Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	YES <input type="radio"/> NO <input checked="" type="radio"/> N/A <input type="radio"/>	
3. 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.	YES <input type="radio"/> NO <input type="radio"/> N/A <input checked="" type="radio"/>	
4. Are you downhole commingling two or more reservoirs?	YES <input type="radio"/> NO <input type="radio"/> N/A <input checked="" type="radio"/>	
5. Will the completed interval be within 500 feet of a lease or unit boundary line? If yes, then comment.	YES <input type="radio"/> NO <input checked="" type="radio"/> N/A <input type="radio"/>	
6. For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.	YES <input type="radio"/> NO <input type="radio"/> N/A <input checked="" type="radio"/>	

APM Attachments

Lease: ** Area/Dock: ** Well Name: ** Well Type: **
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ATTACHMENTS (see Allowed File Types list below)

Allowed File Type(s)	File Description	Status	New	Locked	Command
Industry Attachments					
PDF	Current Wellbore Schematic	PDF file attached (size: 223.6 kb)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/> <input type="button" value="View"/> <input type="button" value="Remove"/> <input type="button" value="Add"/>
PDF	Proposed Wellbore Schematic	no file attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/>
PDF	Departure List	no file attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/>
PDF	Rig/Coil Tubing/Snubbing Unit BOP Schematic	no file attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/>
PDF	ABS/DNV Certificate	no file attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/>
PDF	U.S. Coast Guard Certificate	no file attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/>
PDF	Well Test Information	no file attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/>
PDF	Casing Pressure Status	no file attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Attach"/>

Procedural Narrative

Lease: ** Area/Dock: ** Well Name: ** Well Type: **
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Explain the nature and procedures of the Well Operations in accordance with applicable requirements.