

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, 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"/> Completion <input type="checkbox"/> Initial Completion <input type="checkbox"/> Reperforation <input type="checkbox"/> Change Zone <input type="checkbox"/> Modify Perforations <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Other Completion <input type="checkbox"/> Initial Injection Well <input type="checkbox"/> Additional Fluids for Injection <input checked="" type="checkbox"/> Other Utility	<input type="checkbox"/> Workover: <input type="checkbox"/> Change Tubing <input type="checkbox"/> Casing Pressure Repair <input checked="" type="checkbox"/> Other Workover <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"/> Site Clearance <input checked="" type="checkbox"/> Zone Isolation <input checked="" type="checkbox"/> Other Abandonment	<input type="checkbox"/> Enhance Production <input type="checkbox"/> Acidize <input checked="" type="checkbox"/> Other Enhance Production <input type="checkbox"/> Artificial Lift <input type="checkbox"/> Wash/Desand Well <input type="checkbox"/> Jet Well <input type="checkbox"/> Hydraulic Fracturing <input type="checkbox"/> Information: <input type="checkbox"/> Surface Location Plat <input type="checkbox"/> Change Well Name <input checked="" type="checkbox"/> Other Information
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17. BRIEFLY DESCRIBE PROPOSED OPERATIONS (Attach prognosis):

18. LIST ALL ATTACHMENTS (Attach complete well prognosis and attachments required by 30 CFR 250.465; 250.513(a); 250.513(b); 250.518(f); 250.613(a) through (c); 250.616(a)(4); 250.619(f); 250.701; 250.702; 250.713(a) through (e); 250.713(g); 250.720(b); 250.721(g)(4); **250.730(a)** 250.731; 250.733(b)(2)(i); 250.734(a)(7); 250.734(b)(1); 250.737(d)(2)(i); 250.737(d)(3)(ii); 250.737(d)(4)(ii); 250.737(d)(12)(i); 250.738(b)(4); 250.738(f); 250.738(i) and (j); 250.738(m) through (n); 250.738(o); 250.1706(a)(4); 250.1712; 250.1721(a); 250.1721(g); 250.1722(a); 250.1722(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) and, if subsea well, the greater of SIWHP or MAWHP (psi):	21. Type of Safety Valve (SV): _____ SCSSV _____ SSCSV _____ N/A	22. SV Depth BML (ft):
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23. Rig BOP (Rams)	24. Rig BOP (Annular)
Size: _____ (inches)	Working Pressure _____ (psi)
Working Pressure _____ (psi)	Test Pressure _____ (psi)
Low/High: _____	Low/High: _____

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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. Wireline BOP:		This space is currently blank			
Working Pressure (psi)	BOP Test Pressure (psi)				
_____	Low/High: _____				
29. CONTACT NAME:		30. CONTACT TELEPHONE NO.:		31. CONTACT E-MAIL ADDRESS:	
_____		_____		_____	
32. AUTHORIZING OFFICIAL (Type or print name)				33. TITLE	
_____				_____	
34. AUTHORIZING SIGNATURE				35. DATE	
_____				_____	
THIS SPACE FOR BSEE USE ONLY					
APPROVED BY:		TITLE		DATE	
_____		_____		_____	

36) 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	

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36) Con't

Questions	Response	Remarks
G) Will you ensure well-control fluids, equipment, and operations be designed, utilized, maintained, and/or tested as necessary to control the well in foreseeable conditions and circumstances, including subfreezing conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
H) Will digital BOP testing be used for this operation? If "yes", state which version in the comment box?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
I) Is this APM being submitted to remediate sustained casing pressure (SCP)? If "yes," please specify annulus in the comment box. If you have been given a departure/denial for SCP as discussed in section #18, include in the attachments.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
J) Are you pulling tubulars and/or casing with a crane? If "YES," have documentation on how you will verify the load is free per API RP 2D, and use specific parameters while lifting tubulars and/or casing out of the well. This documentation must be maintained by the lessee at the lessee's field office.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
K) Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
L) Will you be using multiple size workstring/tubing/coil tubing/snubbing/wireline? If yes, attach a list of all sizes to be used including the size, weight, and grade.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
M) For both surface and subsea operations, are you utilizing a dynamically positioned vessel and/or non-bottom supported vessel at any time during this operation?	<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: _____

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