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

OMB Control No. 1014-0026
OMB Approval Expires xx/xx/xxxx

Application for Permit to Modify (APM)

1. WELL NAME (CURRENT)	2. SIDETRACK NO. (CURRENT)	3. BYPASS NO. (CURRENT)	4. OPERATOR NAME and ADDRESS ***(Submitting office)***
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)

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

☐ **Completion**
- ☐ Initial Completion
- ☐ Reperforation
- ☐ Change Zone
- ☐ Modify Perforations

☐ **Utility** ■ Other Completion
- ☐ Initial Injection Well
- ☐ Additional Fluids for Injection
- ■ Other Utility

☐ **Workover:**
- ☐ Change Tubing
- ☐ Casing Pressure Repair
- ■ Other Workover

☐ **Abandonment of Well Bore:**
- ☐ Permanent Abandonment
- ☐ Temporary Abandonment
- ☐ Plugback to Sidetrack/Bypass
- ☐ Site Clearance
- ■ Zone Isolation
- ■ Other Abandonment

☐ **Enhance Production**
- ☐ Acidize
- ☐ Artificial Lift
- ☐ Wash/Desand Well
- ☐ Jet Well
- ☐ Hydraulic Fracturing

■ Other Enhance Production

☐ **Information:**
- ☐ Surface Location Plat
- ☐ Change Well Name
- ■ Other Information

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):

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: _____

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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:**		
Working Pressure (psi)	BOP Test Pressure (psi)	This is space is currently blank
_____	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_2S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.	☐ YES ☐ NO ☐ N/A	
B) Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	☐ YES ☐ NO ☐ 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.	☐ YES ☐ NO ☐ N/A	
D) If sands are to be commingled for this completion, has approval been obtained?	☐ YES ☐ NO ☐ N/A	
E) Will the completed interval be within 500 feet of a block line? If yes, then comment.	☐ YES ☐ NO ☐ N/A	
F) For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.	☐ YES ☐ NO ☐ 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?	☐ YES ☐ NO ☐ N/A	
H) Will digital BOP testing be used for this operation? If "yes", state which version in the comment box?	☐ YES ☐ NO ☐ 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.	☐ YES ☐ NO ☐ 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.	☐ YES ☐ NO ☐ N/A	
K) Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question).	☐ YES ☐ NO ☐ 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.	☐ YES ☐ NO ☐ 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?	☐ YES ☐ NO ☐ 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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