

PUBLIC INFORMATION

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

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marked "Public Information."*

OMB Control No. 1014-0026
OMB Approval Expires 05/31/2017

Application for Permit to Modify (APM)

1. WELL NAME (CURRENT) B-23		2. SIDETRACK NO. (CURRENT) 00		3. BYPASS NO. (CURRENT) 00		4. OPERATOR NAME and ADDRESS <i>(Submitting office)</i> DCOR, LLC 290 Maple Court, Suite 290 Ventura, CA 93003	
5. API WELL NO. (12 digits) 04-312-20123-00		6. START DATE (Proposed) 7/18/2016		7. ESTIMATED DURATION (DAYS) 5			
8. <input type="checkbox"/> Revision		9. If revision, list changes:					
WELL AT TOTAL DEPTH				WELL AT SURFACE			
10. LEASE NO. P00296				13. LEASE NO. P00296			
11. AREA NAME LB				14. AREA NAME LB			
12. BLOCK NO. 6437				15. BLOCK NO. 6437			
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		Workover:		Enhance Production			
<input type="checkbox"/> Initial Completion		<input type="checkbox"/> Change Tubing		<input type="checkbox"/> Acidize			
<input type="checkbox"/> Reperforation		<input type="checkbox"/> Casing Pressure Repair		<input type="checkbox"/> Artificial Lift			
<input type="checkbox"/> Change Zone				<input type="checkbox"/> Wash/Desand Well			
<input type="checkbox"/> Modify Perforations		<input type="checkbox"/> Abandonment of Well Bore:		<input type="checkbox"/> Jet Well			
<input type="checkbox"/> Utility		<input type="checkbox"/> Permanent Abandonment		<input type="checkbox"/> Hydraulic Fracturing			
<input type="checkbox"/> Initial Injection Well		<input type="checkbox"/> Temporary Abandonment		<input type="checkbox"/> Information:			
<input type="checkbox"/> Additional Fluids for Injection		<input type="checkbox"/> Plugback to Sidetrack/Bypass		<input type="checkbox"/> Surface Location Plat			
<input checked="" type="checkbox"/> Other Operations		<input type="checkbox"/> Site Clearance		<input type="checkbox"/> Change Well Name			
<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 250.465; 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); 250.1706(f)(4); 250.1707(d); 250.1709; 250.1712(a) through (g); 250.1721(a); 250.1722(a); or 250.1743(a). 1) Workover Procedure 2) BOP Schematic 3) BOPE Shear Test 4) Shear Certification 5) Current WBD							
19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.) DCOR Rig No. 448							
20. The greater of SITP or MASP (psi): 750		21. Type of Safety Valve (SV): <input checked="" type="checkbox"/> SCSSV <input type="checkbox"/> SSCSV <input type="checkbox"/> N/A		22. SV Depth BML (ft): 267'			
23. Rig BOP (Rams)				24. Rig BOP (Annular)			
Size: Working Pressure Test Pressure (inches) (psi) (psi)		Working Pressure Test Pressure (psi) (psi)		Working Pressure Test Pressure (psi) (psi)		Working Pressure Test Pressure (psi) (psi)	
2-7/8" 5,000		Low/High: 250 / 2,500		5,000		Low/High: 250 / 2,500	
25. Coiled Tubing BOP: N/A		26. Snubbing Unit BOP: N/A		27. Wireline Lubricator: N/A			
Working Pressure BOP Test Pressure (psi) (psi)		Working Pressure Test Pressure (psi) (psi)		Working Pressure Test Pressure (psi) (psi)		Working Pressure Test Pressure (psi) (psi)	
Low/High: ___/___		Low/High: ___/___		Low/High: ___/___		Low/High: ___/___	
28. CONTACT NAME: Dale Bradley		29. CONTACT TELEPHONE NO.: 805-535-2085		30. CONTACT E-MAIL ADDRESS: dbradley@dcorllc.com			
31. AUTHORIZING OFFICIAL (Type or print name) David Cohen				32. TITLE VP of Production			
33. AUTHORIZING SIGNATURE				34. DATE 6/27/2016			
THIS SPACE FOR BSEE USE ONLY							
APPROVED BY:		TITLE		DATE			

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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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	SOLID STEEL DECK BETWEEN THE DRILL DECK AND WELLBAY
D) If sands are to be commingled for this completion, has approval been obtained?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 checked="" 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: David Cohen, VP of Production Date: 6/27/2016

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, 45600 Woodland Road, Sterling, VA 20166.