

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) S-55	2. SIDETRACK NO. (CURRENT) 00	3. BYPASS NO. (CURRENT) 00	4. OPERATOR NAME and ADDRESS (Submitting office) DCOR, LLC 290 Maple Court, Suite 290 Ventura, CA 93003			
5. API WELL NO. (12 digits) 04-311-20607-00	6. START DATE (Proposed) 8/15/2016	7. ESTIMATED DURATION (DAYS) 11 days				
8. <input type="checkbox"/> Revision	9. If revision, list changes:					
WELL AT TOTAL DEPTH		WELL AT SURFACE				
10. LEASE NO. P00216	13. LEASE NO. P00216					
11. AREA NAME LA	14. AREA NAME LA					
12. BLOCK NO. 6862	15. BLOCK NO. 6862					
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.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> 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 type="checkbox"/> Initial Injection Well <input type="checkbox"/> Additional Fluids for Injection <input type="checkbox"/> Other Operations <input type="checkbox"/> Describe Operation(s) </td> <td style="width: 33%; vertical-align: top;"> Workover: <input type="checkbox"/> Change Tubing <input type="checkbox"/> Casing Pressure Repair <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 </td> <td style="width: 33%; vertical-align: top;"> Enhance Production <input checked="" type="checkbox"/> Acidize <input checked="" 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 </td> </tr> </table>				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 type="checkbox"/> Initial Injection Well <input type="checkbox"/> Additional Fluids for Injection <input type="checkbox"/> Other Operations <input type="checkbox"/> Describe Operation(s)	Workover: <input type="checkbox"/> Change Tubing <input type="checkbox"/> Casing Pressure Repair <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	Enhance Production <input checked="" type="checkbox"/> Acidize <input checked="" 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
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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) 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) Acid schedule 3) Well Information 4) BOP Schematic 5) Current & proposed WBD						
19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.) DCOR Rig No. 10						
20. The greater of SITP or MASP (psi): 1,500	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): 228'			
23. Rig BOP (Rams)		24. Rig BOP (Annular)				
Size: Working Pressure Test Pressure	Working Pressure Test Pressure	Working Pressure Test Pressure	Working Pressure Test Pressure			
(inches) (psi) (psi)	(psi) (psi)	(psi) (psi)	(psi) (psi)			
2-7/8" 5,000 Low/High: 250 / 2,500	5,000 Low/High: 250 / 2,500	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	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: 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				
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SCBA AND H ₂ S SENSORS PER BSEE REGULATIONS.
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 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: _____

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.