|  | 01 BP 00 Type Development  |
|--|--|
| Application Status Approved Operator 03280 Freeport-M  | IcMoRan Oil & Gas LLC  |
| Pay.gov Agency   | Pay.gov  |
| Amount:         \$125.00         Tracking ID: EWL-APM-201039   | Tracking ID: 26CC8E6R  |
|  |  |
| General Information  |  |
| API 043112064901 Approval Dt 04-JUN-2019   | Approved By John Kaiser  |
| Submitted Dt 24-MAY-2019 Well Status Temporarly Abandone   | ed Water Depth 675   |
| Surface Lease P00315 Area SM   | Block  |
| Approval Comments  | 6525   |
|  |  |
| Conditions of Approval:<br>1) All operations must be conducted in accordance with the (  |  |
| available to inspectors upon request during the permitted op<br>3) Any casing or annuli that fails a pressure test or bubble<br>Permitting section and remediated before proceeding.<br>4) A revised PE certification is needed if (1) the plug type<br>changes in cement properties, (2) any plug's setting depth of<br>required per 250.1715), changes ± 100 ' TVD, (3) the pressur<br>less cement is to be pumped, (5) more cement is to be pumped<br>hydrocarbon zone that was not anticipated in the original per-<br>is required that was not included in the original permit, on<br>you deviate from the §250.1715 table.<br>5) You must have a PE certify these changes prior to these of<br>must submit a revised permit with the PE certification for the<br>within 72 hours.<br>6) All pressure containing equipment must be tested to the a<br>precorded on the daily operations report. If well pressures ef-<br>the approved permit, the equipment in use must be tested at<br>pressure. The appropriate District must be immediately notified<br>a RPM submitted to document the change.<br>7) At the end of this operation, a tree or dry hole tree must<br>of monitoring all non-structural casing annuli that are tied | e test must be reported to the<br>e changes in any way including<br>(even the ones that are not<br>re test changes on any plug, (4)<br>d in order to isolate a<br>ermit, (6) a remedial cement job<br>r (7) any plug change that makes<br>operations being performed. You<br>the revisions to this office<br>approved permitted pressure and<br>exceed the SITP/MASP stated in<br>a minimum to the new observed<br>fied of this pressure change and<br>st be installed for the purpose |
| 8) Data must be submitted with the End of Operations Report<br>fluid left in the hole meets 30 CFR 250.1715(a)9. Corrosion<br>recommended additives but not required. 9) Notify the Permitting Section at Least 24 hours in advance<br>operations AND of any required BOP tests AND of any plug test<br>10) Results of all annuli testing and plug testing must be a   | e inhibitor and biocide are ce of beginning these approved   |
|  |  |
| 11) WAR reports are due no later than noon each Wednesday.<br>12) Initial movement of CTU equipment onto the platform must<br>13) A pre-workover rig (or CTU, or HWU) inspection must be of<br>first well with that equipment.   | included with the EOR.<br>t be reported in eWells.<br>done prior to APM startup of the   |
| 12) Initial movement of CTU equipment onto the platform must<br>13) A pre-workover rig (or CTU, or HWU) inspection must be of<br>first well with that equipment.<br>14) The Permitting section must be notified at least 24 hour   | included with the EOR.<br>t be reported in eWells.<br>done prior to APM startup of the<br>rs in advance of pressure  |
| 12) Initial movement of CTU equipment onto the platform must<br>13) A pre-workover rig (or CTU, or HWU) inspection must be o<br>first well with that equipment.  | included with the EOR.<br>t be reported in eWells.<br>done prior to APM startup of the<br>rs in advance of pressure<br>e Permitting section must also  |

| Applid                   |   | ock 6525   | Well Name A   | .015 <b>ST</b> ( | 01 <b>BP</b> 00 <b>T</b> | <b>ype</b> Development |
|--------------------------|---|--|---|------------------|--------------------------|------------------------|
|                          | cation Status Approved  | Opera  | <b>ator</b> 03280 F                                     | 'reeport-Mo      | MoRan Oil & 🤇            | Gas LLC                |
| Permit                   | <b>Primary Type</b> Abandonm  | nent Of Well   | Bore  |                  |                          |                        |
| Permit                   | Subtype(s)  |  |   |                  |                          |                        |
| Tempo                    | orary Abandonment   |  |   |                  |                          |                        |
| Operat                   | tion Description  |  |   |                  |                          |                        |
| Proced                   | dural Narrative   |  |   |                  |                          |                        |
| Please                   | e refer to attached pro   | ocedures and   | l WBS.  |                  |                          |                        |
| Subsu                    | rface Safety Valve  |  |   |                  |                          |                        |
| Тур                      | pe Installed SCSSV  |  |   |                  |                          |                        |
| Fe                       | et below Mudline 140  |  |   |                  |                          |                        |
| Ma                       | ximum Anticipated Surf  | ace Pressur  | <b>e (psi)</b> 1363                                     | 3                |                          |                        |
| Sh                       | ut-In Tubing Pressure   | ( <b>psi)</b> 500  |   |                  |                          |                        |
| Rig ]                    | Information   |  |   |                  |                          |                        |
| Name                     |   | Id   | Туре  |                  | ABS Date                 | Coast Guard Date       |
| * CO                     | IL TUBING UNIT  | 45016  |   |                  | 31-DEC-2019              | 31-DEC-2019            |
| Blow                     | out Preventers  |  |   | Te               | est Pressure             |                        |
| Preve                    | enter Siz   | e Wor  | king Pressu   | re Low           | High                     |                        |
| Coil                     | Tubing  | 100  | 000   | 250              | 2500                     |                        |
| Wire                     | Wireline 5000   |  | -   |                  |                          |                        |
|                          | Commencing Work (mm/dd/   | <b>/yyyy)</b> 31-MA  | AY-2019   |                  | 2500                     |                        |
| Estima                   | Commencing Work (mm/dd/<br>ated duration of the or<br>al Approval Informa<br>Official   | <b>yyyy)</b> 31-MA<br>peration (da   | AY-2019<br>Ays) 7                                       | h/dd/yyyy)       | 2500                     |                        |
| Estima<br>Verba          | ated duration of the op<br>al Approval Informa  | <b>yyyy)</b> 31-MA<br>peration (da   | AY-2019<br>Ays) 7                                       | n/dd/yyyy)       | 2500                     |                        |
| Estima<br>Verba<br>Quest | ated duration of the op<br>al Approval Informa<br>Official<br>cions<br>er Question  | (yyyy) 31-M2<br>peration (da<br>tion   | AY-2019<br>Ays) 7<br>Date (mm                           | Response         | Text                     |                        |
| Estima<br>Verba<br>Quest | ated duration of the op<br>al Approval Informa<br>Official<br>cions   | (yyyy) 31-M2<br>peration (da<br>tion<br>he well? If<br>n the   | AY-2019<br>Ays) 7<br>Date (mm<br>Response<br>YES        | Response         |                          |                        |
| Estima<br>Verba<br>Quest | ated duration of the op<br>al Approval Informa<br>Official<br>tions<br>ar Question<br>Is H2S present in the<br>yes, then comment of<br>inclusion of a Cont  | (yyyy) 31-M2<br>peration (da<br>tion<br>he well? If<br>n the<br>ingency Plan<br>eration the<br>activity for  | AY-2019<br>Ays) 7<br>Date (mm<br>Response<br>YES        | Response         | Text                     |                        |
| Estima<br>Verba<br>Quest | ated duration of the op<br>al Approval Informa<br>Official<br>cions<br>ar Question<br>Is H2S present in the<br>yes, then comment of<br>inclusion of a Contr<br>for this operation.<br>Is this proposed op<br>only lease holding a<br>the subject lease? | (yyyy) 31-MA<br>peration (da<br>tion<br>the well? If<br>n the<br>ingency Plan<br>eration the<br>activity for<br>If yes, ther<br>he well bay<br>ion equipmen<br>ing on to or<br>platform, or<br>n the | AY-2019<br>Ays) 7<br>Date (mm<br>Response<br>YES<br>N/A | Response         | Text                     |                        |

| Lease P00315 Area SM Block 6525 Well Name A015 ST 01 BP 00 Type Development                   |   |            |              |     |  |  |  |  |  |
|---|---|------------|--------------|-----|--|--|--|--|--|
| Application Status Approved     Operator     03280     Freeport-McMoRan     0il & Gas     LLC |   |            |              |     |  |  |  |  |  |
|   |   |            |              |     |  |  |  |  |  |
| Questions<br>Number Question Response Response Text   |   |            |              |     |  |  |  |  |  |
| 5 Will the compl<br>within 500 fee  | eted interval be<br>t of a lease or<br>line? If yes,  | N/A        |              |     |  |  |  |  |  |
| casings be cut  | For permanent abandonment, will<br>casings be cut 15 feet below the<br>mudline? If no, then comment.  |            |              |     |  |  |  |  |  |
| covered by an<br>Permit? (Pleas   | Will the proposed operation be<br>covered by an EPA Discharge<br>Permit? (Please provide permit<br>number in comments for this<br>question) |            |              |     |  |  |  |  |  |
|   | A   | TACHMENT   | S            |     |  |  |  |  |  |
| File TypeFile DescriptionpdfWell A-15 Categor:  |   | cal Exclus | ion Review   |     |  |  |  |  |  |
| pdf   | Procedures  | 3          |              |     |  |  |  |  |  |
| pdf Rig/Coil Tubing/Sn  |   | ubbing Uni | t BOP Schema | tic |  |  |  |  |  |
| pdf Proposed Wellbore S   |   | Schematic  |              |     |  |  |  |  |  |
| pdf Current Wellborg  |   | chematic   |              |     |  |  |  |  |  |
| CONTACTS  |   |            |              |     |  |  |  |  |  |
| Name  |   |            |              |     |  |  |  |  |  |
| Company Freeport-McMoRan 0  |   | il & Gas L | LC           |     |  |  |  |  |  |
| Phone Number  |   |            |              |     |  |  |  |  |  |
| E-mail Address nrodrigu@fmi.com   |   |            |              |     |  |  |  |  |  |
| Contact Description   |   |            |              |     |  |  |  |  |  |

CERTIFICATION: I certify that information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to ci

| Name and Title |  | Date |             |
|----------------|--|------|-------------|
|                | Nancy Rodriguez, Regulatory Technician |      | 24-MAY-2019 |

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