Lease P00315 Area SM Blo Application Status Approved		
Application Status Approved	ock 6525 Well Name A005	5 ST 00 BP 00 Type Development
	<b>Operator</b> 03280 Free	eport-McMoRan Oil & Gas LLC
Pay.gov	Agency	- Pay.gov
Amount: \$125.00	Tracking ID: EWL-APM-2	
General Information		
<b>API</b> 043112062800	Approval Dt 05-JUN-2019	Approved By John Kaiser
Submitted Dt 22-MAY-2019	Well Status Completed	Water Depth 675
Surface Lease P00315	Area SM	Block 6525
Approval Comments		
available to inspectors upon 3) Any casing or annuli that Permitting section and remed 4) A revised PE certificatio changes in cement properties required per 250.1715), chan less cement is to be pumped, hydrocarbon zone that was no is required that was not inc you deviate from the §250.17	h request during the permit fails a pressure test or diated before proceeding. on is needed if (1) the pl s, (2) any plug's setting nges $\pm$ 100 ' TVD, (3) the , (5) more cement is to be of anticipated in the orig cluded in the original per 715 table. Ty these changes prior to	must be kept on location and made tted operation. To bubble test must be reported to the ug type changes in any way including depth (even the ones that are not pressure test changes on any plug, (4) e pumped in order to isolate a ginal permit, (6) a remedial cement job cmit, or (7) any plug change that makes these operations being performed. You

operations AND of any required BOP tests AND of any plug testing or tagging.

10) Results of all annuli testing and plug testing must be included with the EOR.

11) WAR reports are due no later than noon each Wednesday.

12) Initial movement of CTU equipment onto the platform must be reported in eWells.

13) A pre-workover rig (or CTU, or HWU) inspection must be done prior to APM startup of the first well with that equipment.

14) The Permitting section must be notified at least 24 hours in advance of pressure testing annuli or plugs so that they might witness same. The Permitting section must also be notified of any plug tags and bubble tests for the same reason.

Correction Narrative

	00315 Area SM Block	.6525 We	<b>11 Name</b> A0	)5 <b>ST</b> 00	<b>BP</b> 00 <b>T</b>	<b>ype</b> Development
Applica	tion Status Approved	Operat	<b>or</b> 03280 Fr	eeport-McMoR	an Oil &	Gas LLC
Permit	<b>Primary Type</b> Abandonmen	t Of Well E	Bore			
Permit	Subtype(s)					
Tempor	ary Abandonment					
Operati	on Description					
	ral Narrative					
	refer to attached proce	dures and W	WBS.			
	ace Safety Valve Installed SCSSV					
	<b>below Mudline</b> 65					
	mum Anticipated Surfac	o Dressure	(ngi) 1426			
	-In Tubing Pressure (pa		( <b>Pot)</b> 1470			
		<b>51</b> 500				
_	formation	-				
Name	J TUBING UNIT	<b>Id</b> 45016	Туре		<b>Date</b> DEC-2019	Coast Guard Date
		45016		31-	DEC-2019	31-DEC-2019
BTOMOR	t Preventers			Test	Pressure	
Preven			ing Pressure		High	
Coil T	ubing	10000	)	250	2500	
Wireline 5000				2500		
	ed duration of the oper Approval Informati Official				]	
Questi				ld/yyyy)		
~	ons		Date (IIIII)	ld/yyyy)		
Number	ONS Question			nd/yyyy) Response Te:	 ĸt	
Number		the	Response			
Number           1           2	QuestionIs H2S present in the yes, then comment on t inclusion of a Conting	the gency Plan ation the tivity for	Response	Response Te		
Number           1           2           3	QuestionIs H2S present in the yes, then comment on to inclusion of a Conting for this operation.Is this proposed operationly lease holding act the subject lease? If	the gency Plan ation the tivity for yes, then well bay h equipment g on to or atform, or the	<b>Response</b> YES	Response Te		

Lease PO	0315 Area SM Blo	ck 6525 Wel	Ll Name AO	05 <b>ST</b> 00	BP 00 Type Development	
Applicat	ion Status Approved	Operato	or 03280 Fr		Ran Oil & Gas LLC	
Questions Number Question Response Response Text						
5	Will the completed within 500 feet of unit boundary line? then comment.	a lease or	N/A			
6	For permanent aband casings be cut 15 f mudline? If no, the	eet below the	N/A			
7	Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number in comments for this question)		N/A			
		A	<b>TACHMENT</b>	S		
<b>File Tyr</b> pdf		<b>Description</b> Coil Tubing/Sn	ubbing Uni	t BOP Schema	tic	
pdf Proposed Wellbore S		Schematic				
pdf Current Wellbore Sc		chematic				
pdf Procedures						
pdf	Well A-005 Categorical Exc		ical Exclu	sion Review		
CONTACTS						
Name	Name Nancy Rodriguez					
Company	Free	oort-McMoRan O	il & Gas L	LC		
Phone N	umber 281-9	539-7640				
E-mail	Address nrodi	rigu@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		23-MAY-2019

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