# Revised Permit to Modify (RPM)

**Lease** P00450 **Area** SM **Block** 6524 **Well Name** C004 **ST** 00 **BP** 01 **Type** Development
**Application Status** Approved **Operator** 03280 Freeport-McMoRan Oil & Gas LLC

| **Pay.gov Amount:** | **Agency Tracking ID:** | **Pay.gov Tracking ID:** |
|---|---|---|

## General Information

| | | |
|---|---|---|
| **API** 560452006500 | **Approval Dt** 13-NOV-2019 | **Approved By** John Kaiser |
| **Submitted Dt** 08-NOV-2019 | **Well Status** Completed | **Water Depth** 430 |
| **Surface Lease** P00450 | **Area** SM | **Block** 6524 |

**Approval Comments**

Conditions of Approval:

1) All operations must be conducted in accordance with the OCS Lands Act (OCSLA), the lease terms and stipulations, the regulations of 30 CFR Part 250, Notices to Lessees and Operators (NTLs), the approved (revised) Application for Permit to Modify (APM/RPM), and any written instructions or orders of the District Manager.

2) A copy of this permit (including all attachments) must be kept on location and made available to inspectors upon request during the permitted operation.

3) Any casing or annuli that fails a pressure test or bubble test must be reported to the Permitting section and remediated before proceeding.

4) A revised PE certification is needed if (1) the plug type changes in any way including changes in cement properties, (2) any plug's setting depth (even the ones that are not required per 250.1715), changes ± 100 ' TVD, (3) the pressure test changes on any plug, (4) less cement is to be pumped, (5) more cement is to be pumped in order to isolate a hydrocarbon zone that was not anticipated in the original permit, (6) a remedial cement job is required that was not included in the original permit, or (7) any plug change that makes you deviate from the §250.1715 table.

5) You must have a PE certify these changes prior to these operations being performed. You must submit a revised permit with the PE certification for the revisions to this office within 72 hours.

6) All pressure containing equipment must be tested to the approved permitted pressure and recorded on the daily operations report. If well pressures exceed the SITP/MASP stated in the approved permit, the equipment in use must be tested at a minimum to the new observed pressure. The appropriate District must be immediately notified of this pressure change and a RPM submitted to document the change.

7) At the end of this operation, a tree or dry hole tree must be installed for the purpose of monitoring all non-structural casing annuli that are tied back to the surface.

8) Data must be submitted with the End of Operations Report (EOR) to demonstrate that the fluid left in the hole meets 30 CFR 250.1715(a)9. Corrosion inhibitor and biocide are recommended additives but not required.

9) Notify the Permitting Section at Least 24 hours in advance of beginning these approved operations AND of any required BOP tests AND of any plug testing or tagging.

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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.

**Correction Narrative**
Verbal approval was granted by Mr. John Kaiser on 11/07/19, please refer to attached revised procedures.

**Permit Primary Type** Abandonment Of Well Bore
**Permit Subtype(s)**
Temporary Abandonment

**Operation Description**

**Procedural Narrative**
Please refer to the attached procedure and WBS.

PayGov Receipt attached.

**Subsurface Safety Valve**
**Type Installed** SCSSV
**Feet below Mudline** 159
**Maximum Anticipated Surface Pressure (psi)** 1422
**Shut-In Tubing Pressure (psi)** 500

## Rig Information

| Name | Id | Type | ABS Date | Coast Guard Date |
|---|---|---|---|---|
| * COIL TUBING UNIT | 45016 | | 31-DEC-2019 | 31-DEC-2019 |

## Blowout Preventers

| Preventer | Size | Working Pressure | --- Test Pressure --- Low | High |
|---|---|---|---|---|
| Coil Tubing | | 15000 | 250 | 3500 |
| Wireline | | 5000 | | 3500 |

**Date Commencing Work (mm/dd/yyyy)** 15-JAN-2019
**Estimated duration of the operation (days)** 10

## Verbal Approval Information

| Official | Date (mm/dd/yyyy) |
|---|---|
| Mr. John Kaiser | 07-NOV-2019 |

## Questions

| Number | Question | Response | Response Text |
|---|---|---|---|
| 1 | Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation. | YES | Previously submitted. |

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## Questions

| Number | Question | Response | Response Text |
|---|---|---|---|
| 2 | Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment. | N/A | |
| 3 | 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. | N/A | |
| 4 | Are you downhole commingling two or more reservoirs? | N/A | |
| 5 | Will the completed interval be within 500 feet of a lease or unit boundary line? If yes, then comment. | N/A | |
| 6 | For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment. | 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 | |

## ATTACHMENTS

| File Type | File Description |
|---|---|
| pdf | Rig/Coil Tubing/Snubbing Unit BOP Schematic |
| pdf | Proposed Wellbore Schematic |
| pdf | Alternate Compliance / Departure List |
| pdf | Current Wellbore Schematic |
| pdf | PayGov Receipt |
| pdf | Verbal Approval & Revised Procedures |
| pdf | Well C-004 Categorical Exclusion Review |

## CONTACTS

| | |
|---|---|
| **Name** | Nancy Rodriguez |
| **Company** | Freeport-McMoRan Oil & Gas LLC |
| **Phone Number** | 281-539-7640 |
| **E-mail Address** | nrodrigu@fmi.com |
| **Contact Description** | |

## Revised Permit to Modify (RPM)

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 cı

| Name and Title | Date |
|---|---|
| Nancy Rodriguez, Regulatory Technician | 08-NOV-2019 |

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