

### Application for Permit to Modify (APM)

Lease P00216 Area LA Block 6862 Well Name S024 ST 00 BP 00 Type Development  
Application Status Approved Operator 02531 DCOR, L.L.C.

Pay.gov Agency Pay.gov  
Amount: Tracking ID: 76744382297 Tracking ID: 27F4V87E

**General Information**  
API 043112056600 Approval Dt 12-JUN-2024 Approved By Carl Lakner  
Submitted Dt 10-JUN-2024 Well Status Completed Water Depth 205  
Surface Lease P00216 Area LA Block 6862

Approval Comments

Correction Narrative

Permit Primary Type Workover  
Permit Subtype(s)  
Acidize  
Artificial Lift  
Change Tubing

Proposed or  Completed Work

**Operation Description**  
Planned work is to pull the failed ESP, acid wash the completion and install a ESP pump.

**Procedural Narrative**  
The workover is being proposed due to a failure of the ESP artificial lift equipment. The proposed program involves killing the well, pulling the failed ESP, acid washing the completion, then running a new ESP completion. The work will be performed with a conventional rig with wireline support as needed.

Acid Cleanup Calculations (for further details, see attached acid procedure)  
  
SB4 Formula  
$$\frac{(((\text{Size of drill bit diameter in inches that was used in the treated zone} / 2 + 36 \text{ inches})^2 - (\text{bit diameter in inches} / 2)^2) \times 3.14159 \times 12 \text{ inches} \times \text{treated formation porosity})}{231 \text{ (inches}^3/\text{gallon)}}$$
  
  
SB4 with Variables  
$$\frac{(((16 \text{ inch bit diameter} / 2 + 36 \text{ inches})^2 - (16 \text{ inches bit diameter} / 2)^2) \times 3.14159 \times 12 \text{ (Inches/foot)} \times 0.300 \text{ treated formation porosity})}{231 \text{ (inches}^3/\text{gallon)}} = 92 \text{ Gallons per foot maximum}$$

**Subsurface Safety Valve**  
Type Installed SCSSV  
Feet below Mudline 325  
Maximum Anticipated Surface Pressure (psi) 1000  
Shut-In Tubing Pressure (psi) 800  
Maximum Anticipated Wellhead Pressure (psi)  
Shut-In Wellhead Pressure (psi)

**Rig Information**

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| Name     | Id     | Type     | ABS Date | Coast Guard Date |
|----------|--------|----------|----------|------------------|
| DCOR 455 | 100055 | PLATFORM |          |                  |

**Blowout Preventers**

| Preventer | Size   | Working Pressure | --- Test Pressure --- |      |
|-----------|--------|------------------|-----------------------|------|
|           |        |                  | Low                   | High |
| Rams      | 13-5/8 | 5000             | 250                   | 3000 |
| Annular   |        | 5000             | 250                   | 3000 |

Date Commencing Work (mm/dd/yyyy) 15-AUG-2024

Estimated duration of the operation (days) 9

**Verbal Approval Information**

| Official | Date (mm/dd/yyyy) |
|----------|-------------------|
|          |                   |

**Questions**

| Number | Question  | Response | Response Text  |
|--------|---|----------|--|
| A      | Is H2S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.   | YES      | H2S contingency plan is in place. H2S cascade system is installed and operational. H2S detection systems are installed and operational |
| B      | Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.   | NO       |  |
| 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.                                      | NO       |  |
| D      | If sands are to be commingled for this completion, has approval been obtained?  | N/A      |  |
| E      | Will the completed interval be within 500 feet of a block line? If yes, then comment.   | N/A      |  |
| F      | For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.  | N/A      |  |
| G      | Will you ensure well-control fluids, equipment, and operations be designed, utilized, maintained, and/or tested as necessary to control the well in foreseeable conditions and circumstances, including subfreezing conditions? | YES      | See attached DCOR well control plan  |

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|--------|---|----------|----------------------------------|
| H      | Will digital BOP testing be used for this operation? If "yes", state which version in the comment box?  | N/A      |                                  |
| I      | Is this APM being submitted to remediate sustained casing pressure (SCP)? If "yes," please specify annulus in the comment box. If you have been given a departure/denial for SCP, include in the attachments.             | N/A      |                                  |
| J      | Are you pulling tubulars and/or casing with a crane? If "YES" have documentation on how you will verify the load is free per API RP 2D. This documentation must be maintained by the lessee at the lessee's field office. | NO       |                                  |
| K      | Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question).   | NO       |                                  |
| L      | Will you be using multiple size work string/ tubing/coil tubing/snubbing/wireline? If yes, attach a list of all sizes to be used including the size, weight, and grade.   | YES      | see attached workover procedure. |
| M      | For both surface and subsea operations, are you utilizing a dynamically positioned vessel and/or non-bottom supported vessel at any time during this operation?   | NO       |                                  |

**ATTACHMENTS**

| File Type | File Description                            |
|-----------|---|
| pdf       | Well S-24 CER                               |
| pdf       | Rig/Coil Tubing/Snubbing Unit BOP Schematic |
| pdf       | Proposed Wellbore Schematic                 |
| pdf       | Current Wellbore Schematic                  |
| pdf       | 3rd Party BOPE Certification Initial        |
| pdf       | Acid Procedure with SB4 Details             |
| pdf       | Workover Procedure and Well Information     |
| pdf       | Gilda Field Rules                           |
| pdf       | Gilda Well Control Plan                     |

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|                                    |                |                                    |                       |              |              |                         |
|------------------------------------|----------------|------------------------------------|-----------------------|--------------|--------------|-------------------------|
| <b>Lease</b> P00216                | <b>Area</b> LA | <b>Block</b> 6862                  | <b>Well Name</b> S024 | <b>ST</b> 00 | <b>BP</b> 00 | <b>Type</b> Development |
| <b>Application Status</b> Approved |                | <b>Operator</b> 02531 DCOR, L.L.C. |                       |              |              |                         |

pdf Shear Test Certification  
pdf APM Proof of Payment

#### CONTACTS

**Name** Carlo De La Rosa  
**Company** DCOR, L.L.C.  
**Phone Number** 805-535-2026  
**E-mail Address** CDeLaRosa@dcorllc.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

Carlo De La Rosa , Production Engineer

10-JUN-2024

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#### Variations Requested for this Permit

|                      |   |
|----------------------|---|
| Variance Status:     | APPROVED  |
| Variance Type:       | Alternate Compliance  |
| Variance Title:      | Cutting Device Alternative Compliance   |
| Regulation Number:   | 30 CFR 250.733(a)(1)  |
| Oper. Justification: | Per DCOR's well control plan for Platform Gilda Flowing Wells, an alternative cutting device capable of shearing all planned auxiliary lines and ESP cable will be present on the rig floor at all times. Shear test provided does not demonstrate the capability to shear associated exterior lines, nor does it demonstrate the inability to shear associated exterior lines. |
| Variance Date:       |   |
| BSEE Decision        | Approved  |
| Remarks:             | 12-JUN-24   |

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