

Application for Permit to Modify (APM)

Lease P00216	Area LA	Block 6862	Well Name S055	ST 00	BP 00	Type Development
Application Status Approved		Operator 02531 DCOR, L.L.C.				

Pay.gov	Agency	Pay.gov
Amount:	Tracking ID: 76723112327	Tracking ID: 27EGPAEC

General Information

API 043112060700	Approval Dt 05-JUN-2024	Approved By Carl Lakner
Submitted Dt 17-MAY-2024	Well Status Completed	Water Depth 205
Surface Lease P00216	Area LA	Block 6862

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) 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.
- 4) Notify the Permitting Section at Least 48 hours in advance of beginning these approved operations AND of any required BOP tests.
- 5) WAR reports are due no later than noon each Wednesday.

Correction Narrative

Permit Primary Type Workover

Permit Subtype(s)

Artificial Lift
Change Tubing

Proposed or **Completed Work**

Operation Description

Planned work is to pull the ESP, cleanout and re-install an ESP production string.

Procedural Narrative

The workover is being proposed due to failed ESP artificial lift equipment. The proposed program involves killing the well, pulling the production string, cleaning out the annulus with circulation, then running a new ESP completion. The work will be performed with a conventional rig with wireline support as needed.

Subsurface Safety Valve

Type Installed SCSSV
Feet below Mudline 224
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		--- Test Pressure ---		
Preventer	Size	Working Pressure	Low	High
Rams	13-5/8	5000	250	2000
Annular		5000	250	3000

Date Commencing Work (mm/dd/yyyy) 22-JUN-2024

Estimated duration of the operation (days) 8

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	Solid, steel deck between drill deck and well bays, per field rules no well shut in required.
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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Questions

Number	Question	Response	Response Text
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-55 CER
pdf	Rig/Coil Tubing/Snubbing Unit BOP Schematic
pdf	Proposed Wellbore Schematic
pdf	Current Wellbore Schematic
pdf	3rd Party BOPE Certification Initial
pdf	Shear Test Certification
pdf	Gilda Field Rules
pdf	Gilda Well Control Plan
pdf	Workover Procedure and Well Information

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pdf Proof of APM 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

17-MAY-2024

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. MMS 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 250.196. 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 this form is estimated to average 11/4 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.

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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:	05-JUN-24

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