

### Application for Permit to Modify (APM)

<b>Lease</b> P00204	<b>Area</b> LA	<b>Block</b> 6913	<b>Well Name</b> E007	<b>ST</b> 02	<b>BP</b> 01	<b>Type</b> Development
<b>Application Status</b> Approved		<b>Operator</b> 03539 Beacon West Energy Group, LLC				

<b>Pay.gov</b>	<b>Agency</b>	<b>Pay.gov</b>
<b>Amount:</b> \$145.00	<b>Tracking ID:</b> EWL-APM-243968	<b>Tracking ID:</b> 271UR6DS

<b>General Information</b>		
<b>API</b> 043112067303	<b>Approval Dt</b> 21-MAR-2023	<b>Approved By</b> Carl Lakner
<b>Submitted Dt</b> 20-MAR-2023	<b>Well Status</b> Temporarily Abandoned	<b>Water Depth</b> 739
<b>Surface Lease</b> P00205	<b>Area</b> LA	<b>Block</b> 6912

**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 prior to proceeding.
- 4) A pressure test and bubble test must be performed on the existing wellbore and all annuli prior to cutting and removing the conductor. The results must be recorded in the WAR and EOR.
- 5) 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.
- 6) Results of all annuli testing and plug testing must be included with the EOR.
- 7) WAR reports are due no later than noon each Wednesday.
- 8) 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**

<b>Permit Primary Type</b> Abandonment Of Well Bore
<b>Permit Subtype(s)</b> Permanent Abandonment

Proposed or  Completed Work

**Operation Description**

**Procedural Narrative**  
See attached procedure

**Subsurface Safety Valve**

<b>Type Installed</b> N/A
<b>Feet below Mudline</b>
<b>Maximum Anticipated Surface Pressure (psi)</b>
<b>Shut-In Tubing Pressure (psi)</b> 0
<b>Maximum Anticipated Wellhead Pressure (psi)</b>
<b>Shut-In Wellhead Pressure (psi)</b> 0

**Rig Information**

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Name	Id	Type	ABS Date	Coast Guard Date
* NON RIG UNIT OPERATION	50941	Non-rig PA Operat	31-DEC-2049	31-DEC-2049

Blowout Preventers		--- Test Pressure ---	
Preventer	Size	Working Pressure	Low                      High

**Date Commencing Work (mm/dd/yyyy)** 31-MAR-2023

**Estimated duration of the operation (days)** 30

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.	NO	H2S contingency plan in place for Gail platform
B	Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	N/A	
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.	YES	
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.	YES	
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?	N/A	

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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.	NO	
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.	YES	
K	Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question).	YES	CAG280000
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.	NO	
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	Beacon DNA
pdf	Proposed Wellbore Schematic
pdf	Current Wellbore Schematic
pdf	Gail E-7 PA Procedure

**CONTACTS**

<b>Name</b>	Katie Preskitt
<b>Company</b>	Chevron U.S.A. Inc.
<b>Phone Number</b>	985-773-7113

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**E-mail Address**

**CONTACTS**

**Contact Description**

lhvg@chevron.com

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David Beckmann  
Chevron U.S.A. Inc.  
985-773-6132  
beckmann@chevron.com  
Project Manager

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 cr

Name and Title

Date

Katie Preskitt, Technical Assistant

20-MAR-2023

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

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