

### Application for Permit to Modify (APM)

**Lease** P00301    **Area** LB    **Block** 6488    **Well Name** C004    **ST** 00    **BP** 00    **Type** Development  
**Application Status** Approved                      **Operator** 03126 Beta Operating Company, LLC

**Pay.gov**    **Agency**    **Pay.gov**  
**Amount:** \$145.00                                      **Tracking ID:** EWL-APM-250249                      **Tracking ID:** 278PLVIJ

**General Information**  
**API** 043122010700                                      **Approval Dt** 27-OCT-2023                                      **Approved By** Carl Lakner  
**Submitted Dt** 24-OCT-2023                                      **Well Status** Completed                                      **Water Depth** 700  
**Surface Lease** P00301                                      **Area** LB                                      **Block** 6488

**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 24 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)**  
Other Workover

Proposed or  Completed Work

**Operation Description**  
This workover will pull the current ESP Production Equipment, rerun the tubing, run a new ESP, and return the well to production.

**Procedural Narrative**  
The C-04 was brought online in April 2023 but the ESP ground faulted on 9/12/23.  
  
This workover will pull the current ESP Production Equipment, rerun the tubing, run a new ESP, and return the well to production. A 3/8" cap line will be run to the bottom, a 1/2" cap line will be run and 1/4" control line will be run to the mud line packer.

**Subsurface Safety Valve**  
**Type Installed** SCSSV  
**Feet below Mudline** 278  
**Maximum Anticipated Surface Pressure (psi)** 1400

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**Shut-In Tubing Pressure (psi)**  
**Maximum Anticipated Wellhead Pressure (psi)** 1400  
**Shut-In Wellhead Pressure (psi)**

**Rig Information**

Name	Id	Type	ABS Date	Coast Guard Date
BETA RIG #2	36006	PLATFORM		

**Blowout Preventers**

Preventer	Size	Working Pressure	--- Test Pressure ---	
			Low	High
Annular		5000	250	2350
Rams	2x5	5000	250	2350

**Date Commencing Work (mm/dd/yyyy)** 29-OCT-2023

**Estimated duration of the operation (days)** 5

**Verbal Approval Information**

<b>Official</b>	<b>Date (mm/dd/yyyy)</b>
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**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	
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.	N/A	
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.	NO	
F	For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.	N/A	

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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	
H	Will digital BOP testing be used for this operation? If "yes", state which version in the comment box?	NO	
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.	NO	
K	Will the proposed operation be covered by an EPA Discharge Permit? (Please provide permit number comments for this question).	N/A	
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	Well Test Information

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<b>Application Status</b> Approved		<b>Operator</b> 03126 Beta Operating Company, LLC				

pdf	Proposed Wellbore Schematic
pdf	Current Wellbore Schematic
pdf	Current tbg detail
pdf	Workover Program
pdf	Deviation Survey with Dog Leg Severity
pdf	Eureka BOP Data 1 of 4
pdf	Eureka BOP Data 2 of 4
pdf	Eureka BOP Data 3 of 4
pdf	Eureka BOP Data 4 of 4 NEW BSR Certs
pdf	Well C-004 CER

#### CONTACTS

<b>Name</b>	Rebecca Altemus
<b>Company</b>	Beta Operating Company, LLC
<b>Phone Number</b>	832-408-8652
<b>E-mail Address</b>	rebecca.altemus@amplifyenergy.com
<b>Contact Description</b>	

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 criminal penalties.

Name and Title	Date
<u>Rebecca Altemus, Senior Staff Reservoir Eng</u>	<u>24-OCT-2023</u>

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### Variations Requested for this Permit

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