

Application for Permit to Modify (APM)

Public Information

1. WELL NAME (CURRENT) NS34A	2. SIDETRACK NO. (CURRENT) ST01	3. BYPASS NO. (CURRENT) BP00	4. OPERATOR NAME and ADDRESS (Submitting office) BP Exploration Alaska P.O. Box 196612 Anchorage, AK 99519-6613
5. API WELL NO. (12 digits) 50-029-23301-01-00	6. START DATE (Proposed) 06/24/2009	7. ESTIMATED DURATION (DAYS) 2	
8. <input type="checkbox"/> Revision	9. If revision, please list changes:		

10. LEASE NO. OCS-Y-0181		13. LEASE NO. ADL312799	
11. AREA NAME Beechy Point		14. AREA NAME Beechy Point	
12. BLOCK NO. 516		15. BLOCK NO. 515	

RECEIVED
Anchorage, Alaska

JUN 19 2009

REGIONAL SUPERVISOR
FIELD OPERATION

MINERALS MANAGEMENT SERVICE

Proposed or Completed Work

16. PROPOSED OR COMPLETED WORK (Describe in Section 17)
PLEASE SELECT ONLY ONE PRIMARY TYPE IN BOLD AND AS MANY SECONDARY TYPES AS NECESSARY.

<input type="checkbox"/> Enhance Production	<input type="checkbox"/> Workover:	<input type="checkbox"/> Completion:
<input type="checkbox"/> Acidize	<input type="checkbox"/> Change Tubing	<input type="checkbox"/> Initial Completion
<input type="checkbox"/> Artificial Lift	<input type="checkbox"/> Casing Pressure Repair	<input checked="" type="checkbox"/> Reperforation
<input type="checkbox"/> Wash/Desand Well		<input type="checkbox"/> Change Zone
<input type="checkbox"/> Jet Well	<input type="checkbox"/> Abandonment of Well Bore:	<input type="checkbox"/> Modify Perforations
<input type="checkbox"/> Utility	<input type="checkbox"/> Permanent Abandonment	
<input type="checkbox"/> Initial Injection Well	<input type="checkbox"/> Temporary Abandonment	<input type="checkbox"/> Information:
<input type="checkbox"/> Additional Fluids for Injection	<input type="checkbox"/> Plugback to Sidetrack/Bypass	<input type="checkbox"/> Surface Location Plat
<input type="checkbox"/> Other Operations	<input type="checkbox"/> Site Clearance	<input type="checkbox"/> Change Well Name
<input type="checkbox"/> Describe Operation(s)		

17. BRIEFLY DESCRIBE PROPOSED OPERATIONS (Attach prognosis):
Shoot 30' of 2-7/8" re-perfs in liner

18. LIST ALL ATTACHMENTS (Attach complete well prognosis and attachments required by 30 CFR 250.513(a) through (d); 250.613(a) through (d); 250.1712(a) through (f); 250.1721(a) through (g); 250.1722(a) through (d); or 250.1743(a).
Descriptive Summary of Proposal, Wellbore Schematic

19. Rig Name or Primary Unit (e.g., Wireline Unit, Coil Tubing, Snubbing Unit, etc.)

20. The greater of SITP or MASP (psi): 6000 21. Type of Safety Valve (SV): X SCSSV ___ SSSCV ___ N/A 22. SV Depth BML (ft): 973'

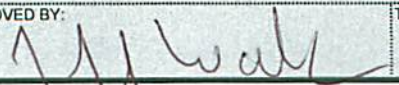
23. Rig BOP (Rams)		24. Rig BOP (Annular)	
Size: _____ (inches)	Working Pressure _____ (psi)	Working Pressure _____ (psi)	Test Pressure _____ (psi)
	Test Pressure _____ (psi)		Low/High: _____
	Low/High: _____		

25. Coiled Tubing BOP:		26. Snubbing Unit BOP:		27. Wireline Lubricator:	
Working Pressure _____ (psi)	BOP Test Pressure _____ (psi)	Working Pressure _____ (psi)	Test Pressure _____ (psi)	Working Pressure _____ (psi)	Test Pressure _____ (psi)
	Low/High: _____		Low/High: _____	Low/High: <u>300/4500</u>	WP= <u>5000</u>

28. CONTACT NAME: Mark Sauve 29. CONTACT TELEPHONE NO.: Work: 564-4660, Cell: 748-2865 30. CONTACT E-MAIL ADDRESS: mark.sauve@bp.com

31. AUTHORIZING OFFICIAL (Type or print name) Mark Sauve 32. TITLE Northstar Production Engineer

33. AUTHORIZING SIGNATURE  34. DATE 06/18/09

APPROVED BY:  TITLE REGIONAL SUPERVISOR FIELD OPERATIONS DATE 6/25/09

Application for Permit to Modify (APM) Information Sheet

35) Question Information		
Questions	Response	Remarks
a) Is H ₂ S present in the well? If yes, then comment on the inclusion of a Contingency Plan for this operation.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
b) Is this proposed operation the only lease holding activity for the subject lease? If yes, then comment.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
d) If sands are to be commingled for this completion, has aproval been obtained?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
e) Will the completed interval be within 500 feet of a block line? If yes, then comment.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
f) For permanent abandonment, will casings be cut 15 feet below the mudline? If no, then comment.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

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 250.197. 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, MMS-124, is estimated to average between 1-3 hours per response, depending on whether it is a paper submittal or electronic submittal. This includes 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 5438, Minerals Management Service, 1849 C Street, NW, Washington, DC 20240.