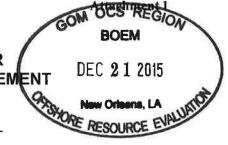
PUBLIC

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF OCEAN ENERGY MANAGEMENT

Atlantic OCS Region

(Insert Appropriate Regional Office)



APPLICATION FOR PERMIT TO CONDUCT GEOLOGICAL OR GEOPHYSICAL EXPLORATION FOR MINERAL RESOURCES OR SCIENTIFIC RESEARCH ON THE OUTER CONTINENTAL SHELF

(Section 11, Outer Continental Shelf Lands Act of August 7, 1953, as amended on September 18, 1978, by Public Law 95-372, 92 Statute 629, 43 U.S.C. 1340; and 30 CFR Parts 551 and 251)

	NEOS GeoSolutions Inc.
*	Name of Applicant
	6210 Stoneridge Mall Road, Suite 450
y .	Number and Street
	Pleasanton, California 94588 USA
2 4	City, State, and Zip Code
Application is made	e for the following activity: (check one)
	_Geological exploration for mineral resources
,	_Geological scientific research
X	_Geophysical exploration for mineral resources
	_Geophysical scientific research
Submit: Original plinformation copy.	olus three copies, totaling four copies, which include one digital copy, and one public
	To be completed by BOEM
Permit Number: _	E15-002 Date: 21-Dec-2015

A. General Information

1.	The activity will be conducted by:					
	CGG (Compagnie Générale de Géophysique)	NEOS GeoSolutions Inc. For				
	Service Company Name	Purchaser(s) of the Data				
	10300 Town Park Drive	6210 Stoneridge Mall Road, Suite 450				
	Address	Address				
	Houston, TX, 77072	Pleasanton, California 94588 USA				
	City, State, Zip	City, State, Zip				
	613-290-2270	925.738.2170/925.734.6790				
	Telephone/FAX Numbers	Telephone/FAX Numbers				
	Lee.Davies@CGG.com	mjorden@neosgeo.com				
	E-Mail Address	E-Mail Address				
2.	The purpose of the activity is:	Mineral exploration				
		Scientific research				
3.		e., vessel use, benthic impacts, acoustic sources, etc.)				
		e proposed activity, including potential adverse effects and to minimize these adverse effects (mitigation				
	measures). For example: 1) Potential Effect	et: Excessive sound level Mitigation; Soft Start,				
	mal exclusion zone or 2) Potential Effect: Bottom					
disturbance; Mitigation: ROV deployment/retrieval of bottom nodes) (use continuation necessary or provide a separate attachment):						
	Airborne gravity gradient and magnetic	survey. Passive measurements only.				
	Aircraft will fly a grid pattern at an altitude of approximate 400-600' with lines spaced 1-2 km apart.					
4.	The expected commencement date is: June	e 2016				
	The expected completion date is: June 20					
5.						
	Matthew Jorden					
	May be contacted at:					
	225 E. 16th Avenue Suite 700 Denver, CC	80203				
	Telephone (Local) <u>303-953-7623</u>	(Marine)				
	Email Address: mjorden@neosgeo.co	m				

		Vessel Name (s)	Registry Number(s) TBD	Radio Call Sign(s)	Registered Owner(s) TBD				
	7.	The port from which the	vessel(s) will operate is:	TBD					
8. Briefly describe the navigation system (vessel navigation only): Certified GPS navigation units in addition to being equipped with DME, ADF,					IE, ADF,				
VOR and radar altimeter.									
В.		omplete for Geological Exploration for Mineral Resources or eological Scientific Research							
1. The type of operation(s) to be employed is: (check one)									
		a Deep s							
		b Shallow stratigraphic test with proposed total depth of, or							
		c. X Other Comprehensive airborne survey							
	2.	Attach a page-size plat showing: 1) The generalized proposed location for each test, where appropriate, a polygon enclosing the test sites may be used, 2) BOEM protraction areas; coastline; point of reference; 3) Distance and direction from a point of reference to area of Activity; 4) Label as "Public Information."							
C.		omplete for Geophysical Exploration for Mineral Resources or eophysical Scientific Research							
	1.	The proposed operation	Airborne, fixed wing	g aircraft	*				
		a. Acquisition method (b. Type of acquisition: CSEM, etc.)Gravity, magnetic	OBN, OBC, Streamer): (High Resolution Seismi	c, 2D Seismic, 3D Seis	mic, gravity, magnetic,				
		2							
	2.	Attach a page-size plat a. The generalized pro	showing: posed location of the activ	ity with a representativ	ve polvgon.				
		b. BOEM protraction a	reas; coastline; point of re	eference,					
		c. Distance and direction from a point of reference to area of activity, and d. Label as "Public Information."							

	3. List all energy source types to be used in the operation(s): (Air gun, air gun array(s), sub-bottom					
	profiler, sparker, towed dipole, side scan sonar, etc.). Not Applicable					
	All recording will be passive. No energy source will be used.					
	4. Explosive charges will will not _Xbe used. If applicable, indicate the type of Explosive and maximum charge size (in pounds) to be used: n/a					
	Type n/a Pounds n/a Equivalent Pounds of TNT n/a					
D.	Proprietary Information Attachments					
	Use the appropriate form on page 9 for a "geological" permit application or the form on page 11 for a "geophysical" permit application. You must submit a separate Form BOEM-0327 to apply for each geological or geophysical permit.					
Ε.	Certification					
	I hereby certify that foregoing and attached information are true and correct.					
	Print Name: Perry R. Johannson SIGNED P DATE 12/17/15					
	TITLE Executive Director, Business Development					
COMPANY NAME: NEOS GeoSolutions Inc.						
TO BE COMPLETED BY BOEM						
Pe	rmit No. E 15-202 Assigned by Terree C. Carphell Date Mar 2019					
Th	is application is hereby:					
	a. Accepted					
	b Returned for reasons in the attached					
SI	GNED Millew 6. Wile TITLE Regional Supervisor DATE 1-12-2016					

Form BOEM-0327 (February 2015) Previous Editions are Obsolete.

