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

Number and Street
Pleasanton, California 94588 USA

City, State, and Zip Code

Application is made for the following activity: (check one)

_____ Geological exploration for mineral resources

_____ Geophysical exploration for mineral resources

_____ Geological scientific research

X Geophysical scientific research

Submit: Original plus three copies, totaling four copies, which include one digital copy, and one public information copy.

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.**

<table>
<thead>
<tr>
<th>Service Company Name</th>
<th>For</th>
<th>Purchaser(s) of the Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>10300 Town Park Drive</td>
<td></td>
<td>6210 Stoneridge Mall Road, Suite 450</td>
</tr>
<tr>
<td>Houston, TX, 77072</td>
<td></td>
<td>Pleasanton, California 94588 USA</td>
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<tr>
<th>Telephone/FAX Numbers</th>
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<tbody>
<tr>
<td><a href="mailto:Lee.Davies@CGG.com">Lee.Davies@CGG.com</a></td>
<td><a href="mailto:mjorden@neosgeo.com">mjorden@neosgeo.com</a></td>
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<tr>
<th>E-Mail Address</th>
<th>E-Mail Address</th>
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2. The purpose of the activity is:
   - [X] Mineral exploration
   - [ ] Scientific research

3. Describe your proposed survey activities (i.e., vessel use, benthic impacts, acoustic sources, etc.) and describe the environmental effects of the proposed activity, including potential adverse effects on marine life. Describe what steps are planned to minimize these adverse effects (mitigation measures). For example: 1) Potential Effect: Excessive sound level Mitigation; Soft Start, Protected Species Observers (PSO’s), mammal exclusion zone or 2) Potential Effect: Bottom disturbance; Mitigation: ROV deployment/retrieval of bottom nodes) (use continuation sheets as 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 2016**

   The expected completion date is: **June 2017**

5. The name of the individual(s) in charge of the field operation is: **Matthew Jorden**

   May be contacted at:
   - 225 E. 16th Avenue Suite 700 Denver, CO 80203
   - Telephone (Local) **303-953-7623** (Marine)
   - Email Address: **mjorden@neosgeo.com**
6. The vessel(s) to be used in the operation is (are):

<table>
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<tr>
<th>Vessel Name(s)</th>
<th>Registry Number(s)</th>
<th>Radio Call Sign(s)</th>
<th>Registered Owner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
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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, VOR and radar altimeter.

B. Complete for Geological Exploration for Mineral Resources or Geological Scientific Research

1. The type of operation(s) to be employed is: (check one)
   a. ________ Deep stratigraphic test, or
   b. ________ Shallow stratigraphic test with proposed total depth of ________, or
   c. X ________ Other Comprehensive airborne survey  F T G

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. Complete for Geophysical Exploration for Mineral Resources or Geophysical Scientific Research

1. The proposed operation: Airborne, fixed wing aircraft
   a. Acquisition method (OBN, OBC, Streamer):
   b. Type of acquisition: (High Resolution Seismic, 2D Seismic, 3D Seismic, gravity, magnetic, CSEM, etc.)
      Gravity, magnetic

2. Attach a page-size plat showing:
   a. The generalized proposed location of the activity with a representative polygon,
   b. BOEM protraction areas; coastline; point of reference,
   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 ___be 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.

E. Certification

I hereby certify that foregoing and attached information are true and correct.

Print Name: Perry R. Johannson

SIGNED PRJ__ DATE 12/17/15

TITLE Executive Director, Business Development

COMPANY NAME: NEOS GeoSolutions Inc.

TO BE COMPLETED BY BOEM

Permit No. E15-002 Assigned by Terese C. Coophill of BOEM Date 11/02/2015

This application is hereby:

   a. X Accepted
   b. ___ Returned for reasons in the attached

SIGNED Matthew C. Wilk TITLE Regional Supervisor DATE 1-12-2016