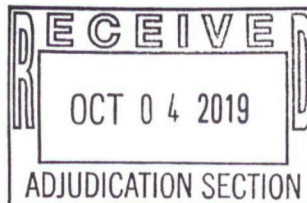


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1001 Fannin Street
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Houston, TX 77002
(713) 651-2900 Main
(713) 651-2908 Fax

October 4, 2019

VIA HAND DELIVERY

Ms. Colette Worcester
Bureau of Ocean Energy Management - Adjudication Unit
1201 Elmwood Park Boulevard, MS 5421
New Orleans, Louisiana 70123-2390

Re: Non-Required Filing – UCC-3 Termination
Our File No. 08476.0002

Ladies and Gentlemen:

Enclosed please find two (2) copies of a UCC-3 Termination, from Societe Generale, as Security Agent, and Beacon Offshore Energy Operating LLC, terminating the UCC-1 Financing Statement filed with BOEM on February 9, 2018 and the UCC-3 Amendment filed with BOEM on September 11, 2018. Please record this letter and document in the files maintained for the following leases:

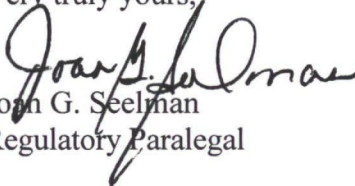
OCS-G 27247
OCS-G 27249
OCS-G 31498
OCS-G 33735
OCS-G 34874
OCS-G 34909
OCS-G 35325
OCS-G 35620
OCS-G 33701

This letter and document should be placed on your document imaging system under "Document Type No. 3" "UCC Filings and Financial Statements." I have enclosed a paygov receipt for filing fees in the amount of \$261.00.

Ms. Colette Worcester
Bureau of Ocean Energy Management - Adjudication Unit
October 4, 2019
Page 2

If you have any questions concerning this matter, please do not hesitate to contact the undersigned at 504-299-6121 or at jseelman@liskow.com.

Very truly yours,

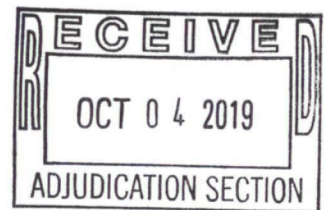

Joan G. Seelman
Regulatory Paralegal

Enclosure

STATE OF LOUISIANA

UNIFORM COMMERCIAL CODE - AMENDMENT
UCC-3

Important - Read instructions Before Completing Form



FOLLOW INSTRUCTIONS (FRONT AND BACK CAREFULLY)

1. Initial Financing Statement File # BOEM (2/9/18 UCC-1: G27247,27249,31498,33735,34874,34909,35325,35620)(9/11/18 UCC-3: G33701)

2. **Termination** -Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. **Continuation** - Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

4. **Assignment** (full or partial). Give name of assignee in item 7a or 7b and address of assignee in item 7c and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION) This amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c
 DELETE name: Give record name to be deleted in item 6a or 6b
 ADD name: Complete item 7a or 7b and item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a Organization's Name

OR

6b Individual's Last Name (and Title of Lineage (e.g. Jr., Sr., III, if applicable))	First Name	Middle Name
--	------------	-------------

7. CHANGED (NEW) OR ADDED INFORMATION:

7a Organization's Name

OR

7b Individual's Last Name (and Title of Lineage (e.g. Jr., Sr., III, if applicable))	First Name	Middle Name
--	------------	-------------

7c Mailing Address	City	State	Postal Code	Country
--------------------	------	-------	-------------	---------

7d Tax ID #: SSN or EIN	Add'l info re Organization:	7e Type of Organization	7f Jurisdiction of Organization	7g Organization ID if any
				None <input type="checkbox"/>

8. AMENDMENT (**Collateral Change**): check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME or SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of Debtor authorizing this Amendment

9a Organization's Name
Societe Generale, as Security Agent

OR

9b Individual's Last Name (and Title of Lineage (e.g. Jr., Sr., III), if applicable)	First Name	Middle Name
--	------------	-------------

10. OPTIONAL FILER REFERENCE DATA Beacon Offshore Energy Operating LLC

11. NAME AND PHONE OF CONTACT AT FILER (optional)
Joan Seelman (504) 299-6121

12. SEND ACKNOWLEDGMENT TO: (Name and Address)
Joan Seelman
Liskow & Lewis APLC
701 Poydras Street, Suite 5000
New Orleans, LA 70139

The above space is for filing office use only