

July 1, 2025

Ref: 6675-37317

**By email (boemadjudication@boem.gov)**

Bureau of Ocean Energy Management  
Attention: Adjudication Section  
Gulf of Mexico OCS Region  
1201 Elmwood Park Boulevard  
Mail Stop 276A  
New Orleans, LA 70123

Re: Adjudication filings – OCS-G 35724,  
Walker Ridge Block 107, OCS-G 35894,  
Walker Ridge Block 106, OCS-G 35895,  
Walker Ridge Block 150, OCS-G 36926,  
Walker Ridge Block 151

Ladies and Gentlemen:

Please find attached the following instrument for filing in your records:

Delaware UCC-1 No. 2025-4323082, Debtors: Talos Resources LLC (GOM No. 3065),  
Talos Petroleum, LLC (GOM No. 1834) and HEQ II Daenerys LLC (GOM No. 3757),  
and Secured Party: Shell Offshore Inc., (GOM No. 0689)

This document should be categorized under “**No. 3, UCC Filings and Financial Statements**”.

Please file this letter, together with the attached instrument, in the non-required filings maintained for each of OCS-G 35724, OCS-G 35894, OCS-G 35895 and OCS-G 36926. Also submitted is a pay.gov receipt for \$152 (\$38 x 4) to cover the fees for filing this instrument.

Should you have any questions or need any additional information, please do not hesitate to contact me at [mbernard@gamb.com](mailto:mbernard@gamb.com).

Sincerely,



Merry G. Bernard  
Paralegal

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Delaware Department of State  
U.C.C. Filing Section  
Filed: 03:51 PM 06/16/2025  
U.C.C. Initial Filing No: 2025 4323082  
Service Request No: 20253086049

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) <b>Merry Bernard (504-582-1111)</b>
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO (Name and Address) <b>Merry Bernard 201 St. Charles Avenue, 40th Floor New Orleans, LA 70170-4000</b>
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>Talos Resources LLC</b>				
OR	1b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>333 Clay Street, Suite 3300</b>		CITY <b>Houston</b>	STATE <b>TX</b>	POSTAL CODE <b>77002</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME <b>Talos Petroleum LLC</b>				
OR	2b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS <b>333 Clay Street, Suite 3300</b>		CITY <b>Houston</b>	STATE <b>TX</b>	POSTAL CODE <b>77002</b>
			COUNTRY <b>USA</b>	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Shell Offshore Inc.</b>				
OR	3b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>150 N. Dairy Ashford</b>		CITY <b>Houston</b>	STATE <b>TX</b>	POSTAL CODE <b>77002</b>
			COUNTRY <b>USA</b>	

4. COLLATERAL: This financing statement covers the following collateral:

All assets of each debtor.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:  
Daenerys (WR 106, 107, 150 and 151)--to file with DE SOS

**UCC FINANCING STATEMENT ADDITIONAL PARTY**  
 FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME <b>Talos Resources LLC</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME <b>HEQ II Daenerys, LLC</b>			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>1200 Smith Street, Suite 2400</b>		CITY <b>Houston</b>	STATE   POSTAL CODE   COUNTRY <b>TX   77002   USA</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY

24. MISCELLANEOUS: