## **COVERED OFFSHORE FACILITY CHANGES**

OMB Control No. 1010-0106

OMB Approval Expires: xx/xx/xxxx

## OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY (TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

	COMPANY	MMS COMPANY NUMBER						
2. <sup>-</sup>	THE FOLLOWING LIST COMPRISES PART OR ALL OF CHANGES TO LOCATIONS OF COVERED							
	OFFSHORE FACILITIES OR POTENTIAL WORST CASE OIL-SPILL DISCHARGES LISTED IN THE PREVIOUSLY SUBMITTED APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY OF							
			DATE					
-	NAME OF CORPORATE OFFICER OR DESIGNATED AGENT	SIGNATURE OF CORPORATE	OFFICER OR DESIGNATED AGENT					
-	TITLE	<del></del>	DATE					
	CHANGES TO LOCATIONS OF COVERED OFFSHORE FA	ACILITIES OR POTENTIAL WO	DRST CASE OIL-S					

POTENTIAL STATE **RIGHT OF** TYPE OF WORST **PIPELINE ALIQUOT LEASE AREA** BLOCK **PERMIT USE AND** CHANGE OR CASE OIL-SEGMENT **PORTION** ocs NUMBER NAME NUMBER NUMBER **EASEMENT** SPILL (If Applicable) NUMBER DISCHARGE **REGION** NUMBER (In Barrels)

\*A = ADDITION, D = DELETION, AND N = NEW POTENTIAL WORST CASE OIL SPILL

IF ADDITIONAL SPACE IS REQUIRED, ADDITIONAL COPIES OF THIS PAGE MAY BE ATTACHED AS CONTINUATION PAGES.

(A/D/N)