

OCS PLAN INFORMATION FORM

General Information											
Type of OCS Plan:		Exploration Plan (EP)				Development Operations Coordination Document (DOCD)					
Company Name:					MMS Operator Number:						
Address:					Contact Person:						
					Phone Number:						
					E-Mail Address:						
Lease(s):			Area:			Block(s):			Project Name (If Applicable):		
Objective(s)		Oil	Gas	Sulphur	Salt	Onshore Base:			Distance to Closest Land (Miles):		
Description of Proposed Activities (Mark all that apply)											
Exploration drilling					Development drilling						
Well completion					Installation of production platform						
Well test flaring (for more than 48 hours)					Installation of production facilities						
Installation of caisson or platform as well protection structure					Installation of satellite structure						
Installation of subsea wellheads and/or manifolds					Commence production						
Installation of lease term pipelines					Other (Specify and describe)						
Have you submitted or do you plan to submit a Conservation Information Document to accompany this plan?								Yes		No	
Do you propose to use new or unusual technology to conduct your activities?								Yes		No	
Do you propose any facility that will serve as a host facility for deepwater subsea development?								Yes		No	
Do you propose any activities that may disturb an MMS-designated high-probability archaeological area?								Yes		No	
Have all of the surface locations of your proposed activities been previously reviewed and approved by MMS?								Yes		No	
Tentative Schedule of Proposed Activities											
Proposed Activity						Start Date		End Date		No. of Days	
Description of Drilling Rig						Description of Production Platform					
Jackup		Drillship				Caisson		Tension leg platform			
Gorilla Jackup		Platform rig				Well protector		Compliant tower			
Semisubmersible		Submersible				Fixed platform		Guyed tower			
DP Semisubmersible		Other (Attach Description)				Subsea manifold		Floating production system			
Drilling Rig Name (If Known):						Spar		Other (Attach Description)			
Description of Lease Term Pipelines											
From (Facility/Area/Block)				To (Facility/Area/Block)				Diameter (Inches)		Length (Feet)	

OCS PLAN INFORMATION FORM (CONTINUED)
Include one copy of this page for each proposed well/structure

Proposed Well/Structure Location						
Well or Structure Name/Number (If renaming well or structure, reference previous name):					Subsea Completion	
Anchor Radius (if applicable) in feet:					Yes	No
	Surface Location			Bottom-Hole Location (For Wells)		
Lease No.	OCS			OCS		
Area Name						
Block No.						
Blockline Departures (in feet)	N/S Departure: F___ L			N/S Departure: F___ L		
	E/W Departure: F___ L			E/W Departure: F___ L		
Lambert X-Y coordinates	X:			X:		
	Y:			Y:		
Latitude/ Longitude	Latitude			Latitude		
	Longitude			Longitude		
	TVD (Feet):		MD (Feet):		Water Depth (Feet):	
Anchor Locations for Drilling Rig or Construction Barge (If anchor radius supplied above, not necessary)						
Anchor Name or No.	Area	Block	X Coordinate	Y Coordinate	Length of Anchor Chain on Seafloor	
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
<p>Paperwork Reduction Act of 1995 Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) requires us to inform you that MMS collects this information as part of an applicant's Exploration Plan or Development Operations Coordination Document submitted for MMS approval. We use the information to facilitate our review and data entry for OCS plans. We will protect proprietary data according to the Freedom of Information Act and 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget Control Number. The use of this form is voluntary. The public reporting burden for this form is included in the burden for preparing Exploration Plans and Development Operations Coordination Documents. We estimate that burden to average 600 hours per response, or 640 with an accompanying EP (1,000 hours in AKOCSR), or 690 (1,700 in AKOCSR) with an accompanying DPP or DOCD, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the forms associated with subpart B. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, NW., Washington, DC 20240.</p>						