1. Designated Applicant:

COVERED OFFSHORE FACILITIES

CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY IN ACCORDANCE WITH THE REQUIREMENTS OF THE OIL POLLUTION ACT OF 1990

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

OMB Control No.: xxxxxxx

Expiration Date: xxxxxxx

| · · | – | | | COMPANY LEG | | | BOEM COMPANY NUMBER | | | | | | | |
|---------------------------|---|---------------------------------------|--------------|-----------------|------------------|-------------------------|-------------------------------|--|--|--|--|--|--|--|
| . The following | list compri | ses all of the | 9 | | _ locations of o | covered offshor | e facilities to be | e covered | | | | | | |
| by my certific | The following list comprises all of the locations of covered offshore facilities to be covered by my certification of oil spill financial responsibility. | | | | | | | | | | | | | |
| NAME (| OF AUTHORIZE | D REPRESENTA | TIVE | | SIGNATURE | OF AUTHORIZED R | EPRESENTATIVE | | | | | | | |
| | | | TITLE | | | | DATE | | | | | | | |
| Locations of | covered off | shore facilitie | es: | | | | | | | | | | | |
| STATE OR OCS REGION | LEASE NUMBER | ALIQUOT PORTION (If Applicable) | AREA NAME | BLOCK NUMBER | PERMIT NUMBER | RUE or ROW NUMBER | PIPELINE SEGMENT NUMBER | POTENTIAL WORST CASE OIL- SPILL DISCHARGE (In Barrels) | | | | | | |
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3. Locations of covered offshore facilities (continued):

| STATE OR OCS REGION | LEASE NUMBER | ALIQUOT PORTION (If Applicable) | AREA NAME | BLOCK NUMBER | PERMIT NUMBER | RUE or ROW NUMBER | PIPELINE SEGMENT NUMBER | POTENTIAL WORST CASE OIL- SPILL DISCHARGE (In Barrels) |
|---------------------------|-----------------|---------------------------------------|--------------|-----------------|------------------|-------------------------|-------------------------------|--|
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If additional space is required, additional copies of this page may be attached as continuation pages.