**U.S. Department of Interior OMB Control No.: xxxxxxx**

**Bureau of Ocean Energy Management Expiration Date: xxxxxxx**

**COVERED OFFSHORE FACILITY CHANGES**

**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)

**1.** Designated Applicant:

COMPANY LEGAL NAME BOEM COMPANY NUMBER

**2.** The following list comprises all of changes to locations of covered offshore facilities

NUMBER

or potential worst case oil spill discharges listed in the previously submitted certification of oil spill financial responsibility of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DATE

NAME OF AUTHORIZED REPRESENTATIVE SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE DATE

**3.** Changes to locations of covered offshore facilities or potential worst case oil-spill discharges:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | **TYPE OF CHANGE**  **\* (A/D/N)** |
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\*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.

**FORM BOEM-1022 (Month/Year)** **PAGE 1 OF 1**

Previous Editions are Obsolete.