

### RIG MOVEMENT NOTIFICATION REPORT

Use this form to report the movement (including skids, stacking, and moving in or out of the OCS) of all rig units include MODUs, platform rigs, snubbing units, wire-line units used for non-routine operations, and coiled tubing units. If the rig is moving from one location to another, you may show this by completing the information for both rig departure and rig arrival on the same form. It is preferred by BSEE that the report information be submitted utilizing the BSEE eWell web based system at <https://ewell.BSEE.gov>; or you have the option to e-mail or telefax (see page 2 for contact information) to the appropriate BSEE Office(s) at least 72 hours before you move the rig.

| GENERAL INFORMATION |  |
|---------------------|--|
| Report Date         | Lease Operator   |
| Rig Name            | Rig Type: Barge ___ Coiled Tubing Unit ___ Drill Ship ___<br>Jackup ___ Platform ___ Snubbing Unit ___<br>Semisubmersible ___ Submersible ___ Wire-Line Unit ___ |
| Rig Representative  | Rig Telephone Number   |

| RIG ARRIVAL INFORMATION   |   |                                      |                         |                     |                      |
|---|---|--------------------------------------|-------------------------|---------------------|----------------------|
| Rig Arrival Date  | Work Scheduled: Drilling ___ Workover ___ Completion ___ TA ___ PA ___<br>Other (specify) _____ |                                      |                         |                     |                      |
| Is rig new to OCS?<br>Yes ___ No ___  | Location where rig came from: _____   |                                      |                         |                     |                      |
| Well API Number (10 digits)   | Well Name   | Expected Duration of Well Operations |                         |                     |                      |
| Well Surface Location Information   | Lease No.   | Area Name                            | Block No.               | Latitude (Optional) | Longitude (Optional) |
| Structure Location Information (Optional)   | Is Well Adjacent to Structure?<br>Yes ___ No ___  | If Yes, Identify Structure           | Distance from Structure |                     |                      |
| Remarks (Include size and extent of the mooring system and number of lighted and unlighted buoys deployed) (Optional) |   |                                      |                         |                     |                      |

| RIG DEPARTURE INFORMATION                                       |  |   |           |                     |                      |
|---|--|---|-----------|---------------------|----------------------|
| Rig Departure Date  | Well Status: Completed ___ DSI ___ TA ___ PA ___ |   |           |                     |                      |
| Well API Number (10 digits)                                     | Well Name  | Is Rig Being Skidded on the Platform?<br>Yes ___ No ___ |           |                     |                      |
| Well Surface Location Information                               | Lease No.  | Area Name   | Block No. | Latitude (Optional) | Longitude (Optional) |
| Area Clearance Information (Optional)                           | Is Area Clear of Obstructions?<br>Yes ___ No ___ | If No, Explain  |           |                     |                      |
| Remarks (Include any significant en route movements) (Optional) |  |   |           |                     |                      |

| RIG STACKING INFORMATION                                       |  |                  |                    |                             |                              |
|--|--|------------------|--------------------|-----------------------------|------------------------------|
| Rig Arrival Date   |  |                  | Rig Departure Date |                             |                              |
| Manned (warm)  |  | Un-manned (cold) |                    | Location:                   |                              |
| Any modifications, repairs, or construction:<br>Yes ___ No ___ | Date of Modifications, repairs, or construction  | Area Name        | Block No.          | Latitude( <i>Optional</i> ) | Longitude( <i>Optional</i> ) |
| Area Clearance Information ( <i>Optional</i> )                 | Is Area Clear of Obstructions?<br>Yes ___ No ___ |                  | If No, Explain     |                             |                              |
| Remarks (Explain any modifications, repairs, or construction.) |  |                  |                    |                             |                              |

**CERTIFICATION:** I certify that the information submitted above is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

| BSEE OCS CONTACT INFORMATION |                |                |                                     |
|------------------------------|----------------|----------------|-------------------------------------|
| District/Subdistrict         | Telephone      | Telefax        | E-mail Address                      |
| New Orleans District         | (504) 734-6740 | (504) 734-6741 | bsee.new.orleans.district@bsee.gov  |
| Houma District               | (985) 853-5884 | (985) 879-2738 | bsee.houma.district@bsee.gov        |
| Lafayette District           | (337) 289-5100 | (337) 354-0008 | bsee.lafayette.district@bsee.gov    |
| Lake Charles District        | (337) 480-4600 | (337) 562-2955 | bsee.lake.charles.district@bsee.gov |
| Lake Jackson District        | (979) 238-8121 | (979) 238-8122 | bsee.lake.jackson.district@bsee.gov |
| Alaska OCS Region            | (907) 334-5300 | (907) 334-5202 | Kevin.pendergast@bsee.gov           |
| Pacific OCS Region           | (805) 389-7745 | (805) 389-7784 | john.kaiser@bsee.gov                |

**PAPERWORK REDUCTION ACT of 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling, sidetracking, completing, reworking, recompleting, and abandoning wells. BSEE uses the information to schedule inspections and verify that equipment and/or procedures are adequate to perform the proposed operations safely. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 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 OMB Control Number. Public reporting burden for reviewing the instructions, completing and filling out this form is estimated to average 42 minutes per response. This form has been assigned OMB Control Number 1014-NEW. However, this form is also used for activities regulated under 30 CFR 250, subparts D, E, F, P, and Q. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Herndon, VA 20170.