

Logging into eWell

Go to <https://ewell.bsee.gov/ewell/>

Select "Click here to login"

Welcome to eWell Permitting and Reporting System

BSEE is entering the world of online data exchange with business partners across the country. Electronic data submissions are a growing, vital part of the BSEE's mission.

The use of electronic business (E-business) tools will greatly reduce the time involved in processing information, reduce the errors incurred during the data input process, and reduce the overall cost of doing business for both the Oil and Gas Industry and the Federal Government.

Many types of information (business objects) are submitted to the government agency on a daily basis, requiring significant human intervention. Working jointly with industry representatives and other regulatory agencies, BSEE is testing solutions that provide both a standard regulatory reporting format and a more direct interface with our databases.

[Click here to login](#)

For eWell user support, call your local [BSEE District Office](#) or the help desk at 1-504-731-1550.

Please log out of eWell if you are going to be away from your computer as the system will automatically time out your session after 30 minutes.

Enter username and [password and select "Login"

WARNING:

This is a United States Government computer system, maintained by the Department of the Interior, to provide Official Unclassified U.S. Government information only. Use of this computer system by any authorized or unauthorized user constitutes consent to monitoring, retrieval, and disclosure by authorized personnel. USERS HAVE NO REASONABLE EXPECTATION OF PRIVACY IN THE USE OF THIS SYSTEM. Unauthorized use may subject violators to criminal, civil, and/or disciplinary action.

Login

User ID

Password

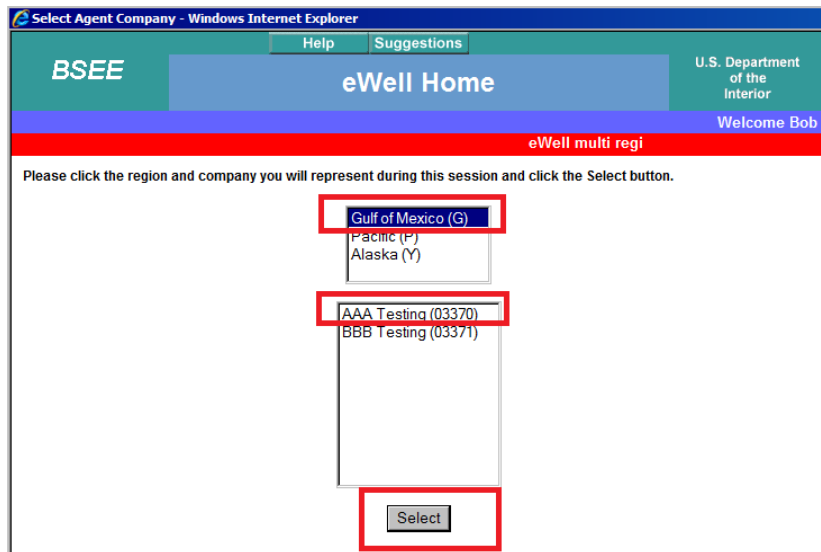
[Login](#)

NOTE: The password is case sensitive !

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is collected to implement the various environmental provisions of the OCSLA. The information submitted via eWell provides an easier and more reliable reporting method, facilitates better business transactions, and provides for timelier decision making and information dissemination. 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. All of the information that can be submitted via eWell is covered under various OMB approved information collections. The information submitted via this system is approved under:

Application/Report	Hour and Non-Hour Cost Burden	Regulation and OMB Approved Control Number
Application for Permit to Drill (APD) (BSEE-0123)	37,200 burden hours; \$728,748 non-hour cost burdens	Throughout 30 CFR 250; 1014-0018

Select the OCS Region and lease operator for which you need to conduct business.



Main Menu

Well Permit Applications and Revisions

- [Drill new well \(APD/RPD\)](#)
- [Sidetrack \(AST/RST\)](#)
- [Bypass \(ABP/RBP\)](#)
- [Modify \(APM/RPM\)](#)
- [Plan Reviews](#)

Non-Hurricane-Related Incident/Damage Reports

- [Incident Reports](#)
- [Pipeline Damage Reports](#)

Miscellaneous

- [Entitlements](#)
(administrators ONLY)
- [User Documents](#)
- [Change Password](#)

Well Reports

- [Rig Movement Notification Report](#)
- [Well Activity Report \(WAR\)](#)
- [Open Hole Data Report](#)
- [End of Operations Report \(EOR\)](#)
- [Correction Report](#)

Hurricane Reports

- [Production Curtailment & Platform/Rig Evacuation Report](#)
- [Platform Damage Report](#)
- [Pipeline Damage Report](#)
- [Rig Damage Report](#)
- [Pollution Report](#)

Help Tutorials

- [Tutorials Menu](#)

Hurricane Platform Damage Report

Platform Damage Reports

Incident Date	Storm (year)	Area/Block	Structure Name	Complex Id Number	Structure Number	Structure Type	Status	Status Date
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Select Platform Structure

(NOTE: You MUST select a platform in order to create the Platform Damage Report)

	Area/Block	Complex Id Number	Structure Number	Structure Name	OCS Authority	Structure Type
<input style="border: 2px solid red;" type="radio"/>	MC 409	25	1	#2 (JC)	G25088	Fixed Leg Platform
<input type="radio"/>	MC 409	24110	1	A	G25088	Fixed Leg Platform
<input type="radio"/>	MC 409	21	1	D	G25088	Tension leg platform

(NOTE: You MUST select a platform structure in order to create the Platform Damage Report)

NOTE: Platform structures are sorted by area, block, complex id number, and structure number. Please select the platform structure and press [Select] button to continue.

Select Storm NOTE: You MUST select a storm to create a new report (it can be changed once the report is created).

(NOTE: You MUST select a storm in order to continue)

Storm Year	Storm Name	Select
2013	Unnamed Storm	<input style="border: 2px solid red;" type="radio"/>

(NOTE: You MUST select a storm in order to continue)

NOTE: Storms are sorted by year in Alphabetical order. Please select the storm and press [Select] button to continue.

General Information									
Date of Incident (mm/dd/yyyy)*				4/11/2014					
Name of Hurricane or Tropical Storm*				Unnamed Storm (2013)					
Water Depth*				5650 feet					
Distance from Shore*				18 miles					
Name:*									
Phone:*				Cell <input type="text"/> <input type="text"/>					
<input type="button" value="Contact Information"/>									
Platform Identification*				Platform Location*					
Complex ID	Str NO	Name	Type	Lease	Area	Block	Latitude	Longitude	
25	1	#2 (JC)	Fixed Leg Platform	G25088	MC	409	28.55632182	-89.31442927	
Platform Destroyed?		Platform Fully Submerged?		Fire on the Platform?		Damage to any Process Equipment?			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Damage Description*									
Additional Remarks									
Action Taken By the Operator									

Contact Information

<input type="button" value="Add Contact"/>	<input type="button" value="Edit Contact"/>	<input type="button" value="Delete Contact"/>	<input type="button" value="Return to Report"/>
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Edit Contact

Name	Prefix	First*	Middle initial	Last*	Suffix
	<input type="text"/>	<input type="text" value="Robert"/>	<input type="text"/>	<input type="text" value="Tester"/>	<input type="text" value="III"/>
Company	<input type="text" value="[operator] AAA Testing (03370)"/>				
Phone Number*	<input type="text" value="777-666-6565"/> (format: 999-999-9999)				
Cell Phone Number*	<input type="text" value="444-555-6764"/> (format: 999-999-9999)				
E-mail Address*	<input type="text" value="warren.williamson@bsee.gov"/>				
Remarks	<input type="text"/>				

* = required field

Save Contact

Cancel Changes

Contact Information

Name:	Robert Tester III
Company:	(03370) AAA Testing
Phone Number:	777-666-6565
Cell Phone Number:	444-555-6764
E-mail Address:	warren.williamson@bsee.gov
Contact Comments:	<input type="text"/>

Add Contact

Edit Contact

Delete Contact

Return to Report

* = required field

Save

Change Storm

Change Platform

Generate PDF Report

History

Report List

Attachments

Submit

Delete

Verify delete ?

If you are submitting this report now, you may enter any special instructions or notes you would like for government agency to read.

Did this damage cause any pollution ? If so, click this button to create a pollution report.

Create Pollution Report

General Information					
Report Date (mm/dd/yyyy)*	04/11/2014	Spill Discovered Date (mm/dd/yyyy)*	04/11/2014	Name of Hurricane or Tropical Storm*	Unnamed Storm (2013)
Location of the Pollution Event					
Latitude	Longitude	Lease	Area*	Block*	Name:* Robert Tester
28.55632182	-89.31442927	G25088	MC	409	Phone:* 333-444-5656 Cell Phone:* 333-444-3434
Spill Details					
Type*	<input type="checkbox"/> Oil <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Condensate <input type="checkbox"/> Hydraulic <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other				
API Gravity*	95 degrees	Water Depth*	5650 ft		
Distance from shore*	18 miles	Source*	Process Equipment		
NRC Report Number*	43432 (NNNNNN)	Spill Volume*	11.00 bbls		
Identification Method	Overflight	Total Amount Recovered*	0 bbls		
Spill Rate*	0.0 bbls/hr	Spill Size (length * width)*	300 (yd)	243 (yd)	
Color of the oil	BARELY VISIBLE	Gas Boil Size (diameter)*			
Has the clean-up started?	<input type="radio"/> YES <input checked="" type="radio"/> NO	Is the source controlled?	<input checked="" type="radio"/> YES <input type="radio"/> NO		
Remarks (For spills greater than 50 barrels, describe the sea state and meteorological conditions here)					
fuel tank spilled					
Action taken by the operator (describe the spill response status and spill abatement status here)					
let disperse.					

* = required field

Verify delete ?

This pollution report is linked to an associated damage report

General Information								
Date of Incident (mm/dd/yyyy)*			04/11/2014			Name:* Robert Tester		
Name of Hurricane or Tropical Storm*			Unnamed Storm (2013)			Phone:* 333-444-5656 Cell Phone:* 333-444-3434		
Water Depth*			5650 feet			Contact Information		
Distance from Shore*			18 miles					
Platform Identification*				Platform Location*				
Complex ID	Str NO	Name	Type	Lease	Area	Block	Latitude	Longitude
25	1	#2 (JC)	Fixed Leg Platform	G25088	MC	409	28.55632182	-89.31442927
Platform Destroyed?		Platform Fully Submerged?		Fire on the Platform?		Damage to any Process Equipment?		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Damage Description*								
compressor moved by wind. Pipeline damaged								
Additional Remarks								
Action Taken By the Operator								
Fixing pipeline and moving compressure back into place								

* = required field

Verify delete ?

If you are submitting this report now, you may enter any special instructions or notes you would like for government agency to read.

Did this damage cause any pollution ? If so, click this button to create a pollution report.