FAX:

E-MAIL: EVACSTATS@BSEE.gov

GOMR (Primary) - (504) 736-5796

GOMR (Alternate) - (504) 736-2426

HURRICANE AND TROPICAL STORM EVACUATION AND PRODUCTION CURTAILMENT STATISTICS GULF OF MEXICO OCS REGION (GOMR)

SEND COMPLETED FORM VIA E-MAIL OR TELEFAX BEFORE 11:00 A.M. DAILY DURING THE PERIOD OF EVACUATION AND SHUT-IN TO:

BSEE Headquarters (if GOMR office is closed) - (703) 787-1093

Name of Hurricane/Tropical Storm: Contact: Company: Telephone Number: _____ Date: _____ Time: _____ **EVACUATION STATISTICS BY GOMR DISTRICT OFFICE** Lake Lake New TYPE OF FACILITY **TOTAL** Lafayette Houma Jackson **Charles Orleans** No. of platforms evacuated No. of drilling rigs evacuated No. of platforms <u>not</u> evacuated No. of drilling rigs not evacuated PRODUCTION SHUT-IN STATISTICS BY GOMR DISTRICT OFFICE Lake Lake New TYPE OF PRODUCTION Lafayette TOTAL Houma Jackson Charles **Orleans** Oil (BOPD) Gas (MMSCFD) Paperwork Reduction Act of 1995 (PRA) Statement: The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that BSEE collects this information to be informed when operations and production are disrupted due to hurricanes or natural disasters. BSEE uses this information to notify the Coast Guard in case of rescue needs and oil spills; to monitor when production is shut-in and when resumed; and to notify the news media and interested public entities. Responses are mandatory (43 U.S.C. 1331 et seq.). No proprietary information is collected. An agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may 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.

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I

Name and Title: _____ Date: _____

understand that making a false statement may subject me to the criminal penalties of 18 U.S.C. 1001.