

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 3 for contact information) to the appropriate BSEE Office(s) at least **24** hours before you move the rig.

GENERAL INFORMATION	
Report Date	Lease Operator
Rig Name	Rig Type: Barge ___ Coiled Tubing Unit ___ Drill Ship ___ Hydraulic Workover Unit ___ Jackup ___ Platform ___ Snubbing Unit ___ Semisubmersible ___ Submersible ___ Wire-Line Unit ___
Rig Representative (on location)	Rig Telephone Number (on location)

RIG ARRIVAL INFORMATION					
Rig Arrival Date	Work Scheduled: Drilling ___ Workover ___ Completion ___ TA ___ PA ___ Other (specify) _____				
Is rig new to OCS? 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? Yes ___ No ___		If Yes, Identify Structure		Distance from Structure
Helideck Available? Yes ___ No ___	Helideck Rating _____ Kips				
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? 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? 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: Yes ___ No ___	Date of Modifications, repairs, or construction	Area Name	Block No.	Latitude (Optional)	Longitude (Optional)
Area Clearance Information (Optional)	Is Area Clear of Obstructions? 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) 236-6084	bsee.lafayette.district@bsee.gov
Lake Charles District	(337) 437-4600	(337) 582-3112	bsee.lake.charles.district@bsee.gov
Lake Jackson District	(713) 286-2300	(979) 238-8122	bsee.lake.jackson.district@bsee.gov
Alaska OCS Region	(907) 334-5300	(907) 334-5202	BSEERAlaskaReports@bsee.gov
Pacific OCS Region	(805) 384-6370	(805) 383-6309	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 1014-0028. 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, 45600 Woodland Road, Sterling, VA 20166.