

**OCS PLAN INFORMATION FORM**

General Information											
Type of OCS Plan:			Exploration Plan (EP)				Development Operations Coordination Document (DOCD)				
Company Name:						MMS Operator Number:					
Address:						Contact Person:					
						Phone Number:					
						E-Mail Address:					
Lease(s):				Area:		Block(s):		Project Name (If Applicable):			
Objective(s):		Oil	Gas	Sulphur	Salt	Onshore Base:			Distance to Closest Land (Miles):		
Description of Proposed Activities (Mark all that apply)											
Exploration drilling						Development drilling					
Well completion						Installation of production platform					
Well test flaring (for more than 48 hours)						Installation of production facilities					
Installation of caisson or platform as well protection structure						Installation of satellite structure					
Installation of subsea wellheads and/or manifolds						Commence production					
Installation of lease term pipelines						Other (Specify and describe)					
Have you submitted or do you plan to submit a Conservation Information Document to accompany this plan?										Yes	No
Do you propose to use new or unusual technology to conduct your activities?										Yes	No
Do you propose any facility that will serve as a host facility for deepwater subsea development?										Yes	No
Do you propose any activities that may disturb an MMS-designated high-probability archaeological area?										Yes	No
Have all of the surface locations of your proposed activities been previously reviewed and approved by MMS?										Yes	No
Tentative Schedule of Proposed Activities											
Proposed Activity						Start Date		End Date		No. of Days	
Description of Drilling Rig						Description of Production Platform					
Jackup			Drillship			Caisson			Tension leg platform		
Gorilla Jackup			Platform rig			Well protector			Compliant tower		
Semisubmersible			Submersible			Fixed platform			Guyed tower		
DP Semisubmersible			Other (Attach Description)			Subsea manifold			Floating production system		
Drilling Rig Name (If Known):						Spar			Other (Attach Description)		
Description of Lease Term Pipelines											
From (Facility/Area/Block)				To (Facility/Area/Block)				Diameter (Inches)		Length (Feet)	

**OCS PLAN INFORMATION FORM (CONTINUED)**  
**Include one copy of this page for each proposed well/structure**

Proposed Well/Structure Location						
Well or Structure Name/Number (If renaming well or structure, reference previous name):					Subsea Completion	
Anchor Radius (if applicable) in feet:					Yes	No
	Surface Location			Bottom-Hole Location (For Wells)		
Lease No.	OCS			OCS		
Area Name						
Block No.						
Blockline Departures (in feet)	N/S Departure: F___ L		N/S Departure: F___ L			
	E/W Departure: F___ L		E/W Departure: F___ L			
Lambert X-Y coordinates	X:			X:		
	Y:			Y:		
Latitude/ Longitude	Latitude			Latitude		
	Longitude			Longitude		
	TVD (Feet):		MD (Feet):		Water Depth (Feet):	
Anchor Locations for Drilling Rig or Construction Barge (If anchor radius supplied above, not necessary)						
Anchor Name or No.	Area	Block	X Coordinate	Y Coordinate	Length of Anchor Chain on Seafloor	
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
			X =	Y =		
<p><b>Paperwork Reduction Act of 1995 Statement:</b> The Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) requires us to inform you that MMS collects this information as part of an applicant's Exploration Plan or Development Operations Coordination Document submitted for MMS approval. We use the information to facilitate our review and data entry for OCS plans. We will protect proprietary data according to the Freedom of Information Act and 30 CFR 250.196. 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 Office of Management and Budget Control Number. The use of this form is voluntary. The public reporting burden for this form is included in the burden for preparing Exploration Plans and Development Operations Coordination Documents. We estimate that burden to average 580 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.</p>						