COVERED OFFSHORE FACILITY CHANGES

OMB Control No. 1010-0106

OMB Approval Expires: 12/31/2010

OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY (TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1.	DESIGNATED APPLICANT:		MMS COMPANY NUMBER			
	COMPANY LEGA	COMPANY LEGAL NAME				
2.	THE FOLLOWING LIST COMPRISES PART OR ALL OF NUMBER		OF COVERED			
OFFSHORE FACILITIES OR POTENTIAL WORST CASE OIL-SPILL DISCHARGES LISTED IN THE PREVIOUS SUBMITTED APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY OF						
			DATE			
	NAME OF CORPORATE OFFICER OR DESIGNATED AGENT	SIGNATURE OF CORPORATE OFFI	CER OR DESIGNATED AGENT			
	TITLE		DATE			

3. CHANGES TO LOCATIONS OF COVERED OFFSHORE FACILITIES OR POTENTIAL WORST CASE OIL-SPILL DISCHARGES:

STATE OR OCS REGION	LEASE NUMBER	ALIQUOT PORTION (If Applicable)	AREA NAME	BLOCK NUMBER	PERMIT NUMBER	RIGHT OF USE AND EASEMENT NUMBER	PIPELINE SEGMENT NUMBER	POTENTIAL WORST CASE OIL- SPILL DISCHARGE (In Barrels)	TYPE OF CHANGE * (A/D/N)

*A = ADDITION, D = DELETION, AND N = NEW POTENTIAL WORST CASE OIL SPILL

IF ADDITIONAL SPACE IS REQUIRED, ADDITIONAL COPIES OF THIS PAGE MAY BE ATTACHED AS CONTINUATION PAGES.