#### UNITED STATES DEPARTMENT OF THE INTERIOR MINERALS MANAGEMENT SERVICE GULF OF MEXICO OCS REGION

NTL No. 2007-G15

Effective Date: May 14, 2007

#### NOTICE TO LESSEES AND OPERATORS OF FEDERAL OIL, GAS, AND SULPHUR LEASES AND PIPELINE RIGHT-OF-WAY HOLDERS IN THE OUTER CONTINENTAL SHELF, GULF OF MEXICO OCS REGION

### eWell Permitting and Reporting System

This Notice to Lessees and Operators (NTL) is issued pursuant to 30 CFR 250.103 and supersedes NTL No. 2004-G10, effective June 1, 2004. This NTL updates the information and guidance on obtaining access to the eWell Permitting and Reporting System (eWell) outlined in the attached Application Manual. It also announces the availability of additional electronic reporting features in Ewell.

#### Well Permits and Reports Background

Under 30 CFR 250.186(a)(3), you may submit digital data when the Minerals Management Service (MMS) is equipped to accept it. In 2004, MMS implemented an Internet-based eWell system that provides you with the ability to electronically permit and report well operations using a secure web application (<u>http://ewell.gomr.mms.gov/ewell</u>) in lieu of using the following paper forms:

| Form Number   | Form Name   | Regulation (30 CFR 250)  |
|---------------|---|--|
| Form MMS-123  | Application for Permit to Drill (APD)                             | 410(d), 513(a)   |
| Form MMS-123S | Supplemental APD Information Sheet                                | 410(d)   |
| Form MMS-124  | Application for Permit to Modify (APM)                            | 465(a), 513(a), 613(a), 613(d),<br>1712, 1717, 1721, 1722(a),<br>1722(d), 1723(b), 1743(a) |
| Form MMS-125  | End of Operations Report (EOR)                                    | 465(a), 513(c), 613(d)   |
| Form MMS-133  | Well Activity Report (WAR)  | 468(b)   |
| Form MMS-133S | Open Hole Data Report (Supplement to<br>the Well Activity Report) | 468(b)   |
| Form MMS-144  | Rig Movement Notification Report                                  | 403(c)   |

In developing this electronic system, the MMS Gulf of Mexico OCS Region (GOMR) adapted each of the forms listed above. These forms have been placed on-line for you to complete and submit to the appropriate MMS GOMR office via a secure Internet site for approval or acceptance.

This electronic reporting system has greatly increased the efficiency of the well permitting and reporting transactions between OCS lessees and operators and the MMS GOMR. Information from MMS data sources is used to aid you in entering an application and eliminate duplicative reporting. Validations performed within each application help eliminate erroneous data and automatic e-mail notices inform you and your designated contacts of approvals and status changes on applications and reports. These and other design features facilitate better business transactions and provide for more timely decision making.

#### **Storm-related Reports Features**

In 2006, the MMS GOMR enhanced eWell to provide the capability to electronically report storm-related facility evacuations, shut-ins, damage, and pollution. These enhancements were designed to provide an easier and more reliable reporting method, facilitate better business transactions, and provide for timelier decision making and information dissemination during and after hurricanes and other storm events. The storm-related reports are grouped together under the "Hurricane Reports" section of the eWell menu and are divided into the following individual reports:

| eWell Hurricane Report Name                                  | <b>Regulation (30 CFR)</b> |
|--|----------------------------|
| Platform/Rig Evacuation and Production<br>Curtailment Report | 250.192 and 250.186        |
| Platform Damage Report                                       | 250.188(a)                 |
| Pipeline Damage Report                                       | 250.188(a)                 |
| Rig Damage Report  | 250.188(a)                 |
| Pollution Report   | 254.46(b)                  |

For additional information about the storm-related reporting requirements, please refer to NTL No. 2007-G16, Hurricane and Tropical Storm Effects Reports, effective May 14, 2007.

#### **Incident and Pollution Event Reporting Features**

The MMS has recently enhanced eWell to provide a means to report all non-storm-related incidents and pipeline damage as required by 30 CFR 250.188(a) and 30 CFR 254.46(b). The pipeline damage reports can also be used to submit pipeline repair notifications required under 30 CFR 250.1008(e), whether or not the pipeline damage is caused by an incident that is reportable under 30 CFR 250.188(a). A new section is included on the eWell menu for these reports.

| Non-Hurricane Report Name                                      | Regulation (30 CFR)        |
|--|----------------------------|
| Incident and Pollution Event Report                            | 250.188(a) and 254.46(b)   |
| Pipeline Damage Report (with attached<br>Pipeline Repair Plan) | 250.188(a) and 250.1008(e) |

You must report incidents listed under 30 CFR 250.188(a) to the District Manager immediately via oral communication, and provide a written follow-up report (hard copy or electronically transmitted) within 15 calendar days after the incident. In complying with this requirement, we

strongly encourage you to use the eWell incident report feature to report the details of an incident or pollution event and then provide the required oral notification to the appropriate MMS GOMR district office and/or the Pipeline Section. The eWell incident report feature can then be used to create and transmit your follow-up report. For situations where non-incident pipeline damage causes a reportable pollution event under 30 CFR 254.46(b), or if a reportable incident under 30 CFR 250.188(a) causes damage to a pipeline, use the eWell Incident and Pollution Event feature to report the incident first and then complete the Pipeline Damage Report, and link it to the eWell incident report.

Additional information about the Incident and Pollution Event Reporting Program will be included in a future NTL.

#### **Procedures and Application Manual**

Those lessees, lease operators, and pipeline right-of-way holders interested in participating in this online system must apply to the MMS GOMR in order to designate an operator representative to receive administrative entitlements. The attached application manual provides information and guidance on obtaining access to the system.

This manual has been updated recently to reflect changes that have been made due to the reorganization of the MMS Information Technology Division. The contacts and office names, physical addresses, e-mail addresses, and phone numbers have changed. To obtain access to eWell you must now submit the signed user agreements to the MMS Gulf of Mexico OCS Region Adjudication Unit (MS 5421).

#### Training

The MMS GOMR has provided numerous training sessions in Houston and New Orleans, and will provide additional eWell training periodically based on requests from the eWell user community. Please contact Warren Williamson at (504) 736-2874 or by e-mail at <u>warren.williamson@mms.gov</u> if you would like additional training.

#### Paperwork Reduction Act of 1995 (PRA) Statement

The information in this NTL is intended to provide clarification, description, or interpretation of requirements contained in 30 CFR 254.46 and 30 CFR 250, Subparts A, D, E, and F, and for Form MMS-123, Form MMS-123S, Form MMS-124, Form MMS-125, Form MMS-133, Form MMS-133S, and Form MMS-144. The Office of Management and Budget (OMB) has approved the information collection requirements for these regulations and forms under OMB Control Numbers 1010-0091 for 30 CFR 254.46, 1010-0114 for 30 CFR 250 Subpart A, 1010-0141 for Subpart D, 1010-0067 for Subpart E, 1010-0043 for Subpart F, 1010-0141 for Forms MMS-123, MMS-123S, MMS-124, MMS-125, MMS-133, and MMS-133S, and 1010-0150 for Form MMS-144. This NTL does not impose any additional information collection subject to the Paperwork Reduction Act of 1995.

#### Contacts

To report technical problems with eWell, you may contact the MMS help desk by telephone between the hours of 6:30 am and 5:00 pm central time at 1-866-EGOV-MMS. You can also contact the help desk by e-mail at <u>ommitdhelpdesk@mms.gov</u>.

For information regarding submitting requests for new user accounts you may contact Mr. Steve Waddell by telephone at (504) 736-1710 or by e-mail at <u>steve.waddell@mms.gov</u>.

For information regarding the eWell application, including general training, user help, and future enhancements you may contact Mr. Warren Williamson by telephone at (504) 736-2874 or by email at <u>warren.williamson@mms.gov</u>.

[original signed]

Lars T. Herbst Acting Regional Director

Attachment (Application Manual)

# eWell Permitting and Reporting System Application Manual

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Unlock a User ID

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5. User ID's and Passwords

#### APPENDICES

Appendix A: eWell User Request Form and Instructions

Appendix B: eWell Administrator Request Form and Instructions

Appendix C: eWell Agent User Request Form and Instructions.

Appendix D: eWell System Disclaimer

# 1. INTRODUCTION TO THE eWELL SYSTEM

#### **System Overview**

The eWell Permitting and Reporting System (eWell System) is a comprehensive Internet permitting and reporting system for collecting information concerning well operations for each wellbore and well completion. This includes permits needed before drilling and other well operations can take place and reports containing data and information provided at certain times during and after operations on a wellbore. The data collected are in the interest of resource evaluation, waste prevention, conservation of natural resources, and protection of correlative rights, safety, and the environment. Once the data are collected, the eWell System has a built-in review process that allows Minerals Management Service (MMS) to approve/disapprove the information submitted.

The eWell System uses the latest technology to provide lessees and operators with a means to submit and retrieve well data and information via the Internet; provide secure web input and file transfer; eliminate data redundancy by showing the data and information MMS already has collected on a wellbore; and offer a means by which lessees and operators provide only the data and information that the MMS needs and does not yet have.

#### **Purpose of This Manual**

The purpose of this manual is to provide the needed information guidance for obtaining access to the eWell System to submit information related to permitting or the operation of a well. Forms and instructions are provided as appendices. To gain access to the system, the user needs to determine the appropriate user type, read the disclaimer, follow the process outlined for the user type, and have an eWell administrator grant the proper access to the system.

Several other topics about user ID's and general operations of the eWell System are discussed in this document.

#### Process for Accessing the eWell System

There is a two-step process to grant a person access to the eWell System. First, the user must submit paper application(s) to request a user ID. MMS cannot accept electronic copies of this application. With a user ID, a person can sign on to the system, but can do nothing else. Second, the company eWell administrator for the user needs to grant the user the appropriate access to the eWell System data and functions.

# 2. <u>eWELL SYSTEM USER TYPES</u>

The four types of eWell System users are company administrators, company users, agent administrators, and agent users.

#### **Company Administrator**

A company administrator is a company employee assigned to administer the eWell entitlement rights for a company in the eWell System. Company administrator duties include reviewing user request forms for completeness and submitting them to MMS Gulf of Mexico (GOM) OCS Region; maintaining entitlement groups of leases, wells, and users; and entitling groups of users

to perform various functions on groups of leases or wells. To become a company administrator, a person needs to complete the eWell Administrator Request form (see Appendix B).

### **Company User**

A company user is a company employee who completes the eWell System forms and submits them to OMM for the company. To become a company user, this person needs to complete the eWell User Request form (see Appendix A).

### **Agent Administrator**

An agent administrator is a person assigned by a company to administer the eWell System entitlement rights on behalf of that company in the eWell System. Agent administrator duties include reviewing user request forms for completeness and submitting them to MMS; maintaining entitlement groups of leases, wells, and users; and entitling groups of users to perform various functions on groups of leases or wells. To become an agent administrator, a person needs to complete the eWell Administrator Request form (see Appendix B).

### **Agent User**

An agent user is a person assigned by a company to complete eWell forms for that company and send them to MMS for the company. To become an agent user, a person needs to complete an eWell Agent Request form (see Appendix C).

# 3. <u>eWELL SYSTEM ACCOUNT APPLICATION PROCESS</u>

To apply for an eWell System account, follow the procedures listed below, depending on the type of user account needed.

### **Company Administrator**

1. The company administrator completes the eWell Administrator Request form (see Appendix B) and sends it to the company representative who has signature authority with MMS.

2. The company representative signs, lists the companies that the administrator needs access to, and mails the form to the following office:

MMS GOM OCS Region Adjudication Unit Attention: Mr. Steve Waddell 1201 Elmwood Park Blvd. MS 5421 New Orleans, LA 70123-2394

3. The Offshore Minerals Management (OMM) Information Technology (IT) Security Manager notifies the company administrator by certified mail that the user ID has been created.

4. The company administrator signs on and changes the password.

### **Company User**

1. The company user completes the eWell User Request form (see Appendix A).

2. The company representative signs, lists the companies that the user needs access to, and mails the form to the following office:

MMS GOM OCS Region

Adjudication Unit Attention: Mr. Steve Waddell 1201 Elmwood Park Blvd. MS 5421 New Orleans, LA 70123-2394

3. The OMM IT Security Manager notifies the company user and company administrator by certified mail that the user ID has been created.

4. The company user signs on and changes the password.

#### **Agent Administrator**

1. The agent administrator completes the eWell Administrator Request form (see Appendix B) and sends it to the company representative who has signature authority with MMS for the company for which the agent administrator needs access.

2. The company representative signs the agreement, lists the companies that the agent administrator needs access to, and mails the form to the following office:

MMS GOM OCS Region Adjudication Unit Attention: Mr. Steve Waddell 1201 Elmwood Park Blvd. MS 5421 New Orleans, LA 70123-2394

3. The OMM IT Security Manager notifies the agent administrator by certified mail that the user ID has been created.

4. The agent administrator signs on and changes the password.

#### **Agent User**

1. The agent user completes the eWell User Request form (see Appendix A) and sends it to the company representative who has signature authority with MMS for the company for which the user needs access.

2. The company representative signs the agreement, lists the companies that the user needs access to, and mails the form to the following office:

MMS GOM OCS Region Adjudication Unit Attention: Mr. Steve Waddell 1201 Elmwood Park Blvd. MS 5421 New Orleans, LA 70123-2394

3. The OMM IT Security Manager notifies the agent user, the agent administrator, and the principal company administrator by certified mail that the user ID has been created.

4. The agent user signs on and changes the password.

### 4. <u>HOW TO</u>

#### Obtain Access to a New Company for an Existing eWell User ID

Company users need to fill out the eWell User Request form and check the "New Company" box. Agent users need to fill out the eWell Agent User Request form. The user ID for the person wanting access to the company data must be included. From this point, the process flow is the same as for company users and agent users to complete the account application process.

#### **Change an eWell Password**

For a user to change a password, the person must call the OMM ITD help desk by telephone at 1-866-EGOV-MMS or send an e-mail at <u>ommitdhelpdesk@mms.gov</u> to ask for a new password. The person must answer a question with the correct answer and verify their e-mail address. Then the password is changed. The new password will be e-mailed to the user. Once the user signs on with the new password, the user changes the password.

#### **Terminate a User**

Before a user can be terminated, the company administrator needs to eliminate the user from all user groups in the eWell Entitlements system. The company administrator then completes a eWell User Request form and checks the Delete User box. Sign the form and mail it to to the following office:

MMS GOM OCS Region Adjudication Unit Attention: Mr. Steve Waddell 1201 Elmwood Park Blvd. MS 5421 New Orleans, LA 70123-2394

Once the form is received, the OMM IT Security Manager will terminate the user ID and notify the company administrator by certified mail that the user ID has been deleted.

#### **Unlock a User ID**

If a user ID is locked, a user notifies the help desk by telephone at 1-866-EGOV-MMS or by email at <u>ommitdhelpdesk@mms.gov</u>, and the MMS administrator unlocks the account for the user after he/she answers a question with the correct answer.

#### **Report a Problem to the MMS Help Desk**

Help desk hours are 6:30 a.m. to 5:00 p.m., central time, Monday through Friday. A user can call the OMM ITD help desk at 1-866-EGOV-MMS during these hours, and a help desk ticket will be generated and routed to the appropriate person. After hours, the user can either send an e-mail to the help desk at <u>ommitdhelpdesk@mms.gov</u> or leave a message on the help desk telephone line, and a help desk ticket will be generated the next day. The OMM Information Technology Division (ITD) will assign a member from the eWell team to the OMM ITD help desk to resolve any software problems. Help desk problems will be resolved during the regular working hours of the person assigned for the month. The telephone number and e-mail address for the help desk will be included on the eWell Welcome page as well as in the eWell system help.

### 5. <u>USER ID'S AND PASSWORDS</u>

Make sure that your User ID's and passwords follow the MMS user ID and password standards listed below. Every three months, a user must change his or her eWell System password. If a user ID has not been used within the last six months, the user ID will be locked, and the company administrator will be notified.

Make sure that your passwords adhere to the following standards:

1. They must be 8 characters long.

- 2. They must contain at least one character from three of the four following groups:
  - a. English upper case letters (A, B, C, ...)
  - b. English lower case letters (a, b, c, ...)
  - c. Westernized Arabic numerals (0 through 9)
  - d. Special characters (i.e., ! @ # \$ % & \* ? { } | : " <> ? [ ] \; ', . / ...)
- 3. They must not contain a user name or any portion of a full name.
- 4. They must not contain "dictionary" words (words that can be found in an English, French, German, or Spanish language dictionary).

# APPENDIX A eWELL USER REQUEST FORM AND INSTRUCTIONS

**NOTE:** This form has two sides. <u>Make sure that you print it on the front and back of one sheet of paper.</u>

| ITEM                  | DESCRIPTION   |  |  |
|-----------------------|---|--|--|
| Front Side            |   |  |  |
| USER                  | Check this box when the user does not have a user ID in the eWell system.               |  |  |
| INFORMATION:          |   |  |  |
| New User              |   |  |  |
| USER                  | Check this box when the user has a user ID and wants access to a new company.           |  |  |
| INFORMATION:          |   |  |  |
| New Company           |   |  |  |
| USER                  | Check this box to delete the user from the system. MMS will accept notice of            |  |  |
| INFORMATION:          | deleted users only from the company administrator. The administrator must drop the      |  |  |
| Delete User           | user from all entitlements before sending in the form.                                  |  |  |
| Name                  | Enter the name of the user who wants access to the eWell system. The first name,        |  |  |
|                       | MI, and last name are required fields.  |  |  |
| Title                 | Enter the company title of the person requesting access to the eWell system.            |  |  |
| Address               | Enter the company mailing address for person requesting access to the eWell system.     |  |  |
|                       | This address will be used to correspond with the user.                                  |  |  |
| Phone Number and      | Enter the numbers for the user who wants access to the eWell system.                    |  |  |
| Fax Number            |   |  |  |
| E-mail Address        | Enter the e-mail address of the person requesting access to the eWell system. This      |  |  |
|                       | address will be used to correspond with the user and is a required field.               |  |  |
| Identity Verification | Answer one of the questions. When the user calls the OMM ITD help desk, this            |  |  |
| Questions             | information will be used to verify the caller's identity before any problem can be      |  |  |
|                       | addressed.  |  |  |
| Consent               | Check this box. This verifies that the user has read the certifications and agrees with |  |  |
|                       | them.   |  |  |
| Signature and Date    | The user needs to sign and date the form.   |  |  |
|                       | Back Side   |  |  |
| MMS Company           | Enter the companies to which the user needs access and for which the signer has         |  |  |
| Number and Name       | signature authority. MMS will verify the signature for each company before              |  |  |
|                       | granting the user access to the company. If a company is listed for which the signer    |  |  |
|                       | does not have signature authority, the whole form will be returned and no action will   |  |  |
|                       | be taken.   |  |  |
| Representative        | Enter the name of the person with MMS signature authority. This person's name           |  |  |
| Name                  | must match the name on the MMS Qualification File for the company.                      |  |  |
| Representative Title  | Enter the title of the person listed for Representative Name. The title must match the  |  |  |
|                       | title on the MMS Qualification File.  |  |  |
| Representative        | The signature authority block must be filled out to receive a new user ID or access to  |  |  |
| Signature             | a new company. The person with MMS signature authority must sign and date the           |  |  |
|                       | form.   |  |  |

|  |  |   | U.S. Departr<br>Minerals Ma<br>eWell User  | nent of the Intenor<br>nagement Service<br><b>Request Forr</b>   | n   |   |
|--|--|---|--|--|---|---|
| USER   | INFORMATIC   | DN: 🗆 Ne  | w User 🛛   | New Company  | Delete User   |   |
| Name:  | Prefix   | First   |  | Last   | Suffix  | User ID   |
| Title:   |  |   |  |  |   |   |
| Address  | : Company Na<br>Division:<br>Street:   | me:   |  |  |   |   |
|  | City:  | •   | State  | e: ZIP: _  | Country:  |   |
| Phone N  | umber  |   | Fax Number   |  | E-mail Address  |   |
| Company eWell Administrator<br>Name  |  | trator  | Company eWell Administrator<br>Phone Number  |  | Company eWell Administrator<br>E-mail Address   |   |
| Name   |  |   |  |  |   |   |
| Name   |  | ID  | ENTITY VERIF<br>(Please answer   | ICATION QUESTIC  | ons<br>a)   |   |
| Name   | Childhood Pet:   | ID  | ENTITY VERIF<br>(Please answer   | ICATION QUESTIC  | DNS<br>3)<br>Favorite Color:  |   |
| Name<br>Name o<br>4 Digit N<br>(e.g., May  | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)  | ID<br><br>f Birth:  | ENTITY VERIF<br>(Please answer   | ICATION QUESTIC  | PNS<br>g)<br>Favorite Color:  |   |
| Name o<br>A Digit M<br>(e.g., May  | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)  | ID<br><br>f Birth:  | ENTITY VERIF<br>(Please answer   | ICATION QUESTIC<br>one of the following  | oNS<br>g)<br>Favorite Color:  |   |
| Name o<br>A Digit M<br>(e.g., May  | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)<br>Inderstand that using<br>d associated equipm<br>th Department of the<br>n result in loss of eW  | ID<br>f Birth:<br>f Birth:<br>the MMS eVVell &<br>the MMS eVVell &<br>ent, software, an<br>Interior and MMS<br>ell access.  | ENTITY VERIF<br>(Please answer<br>CERT<br>system means I will I<br>d data. These resou<br>5 policies. Law prohil   | ICATION QUESTIC<br>one of the following<br>'IFICATION<br>be using MMS's Computer<br>rccs are to be used for offi<br>pits any other use of these  | PNS<br>Favorite Color:<br>Systems, Electronic Mail, In<br>cial government business on<br>items (section 641, 18 USC)  | ternet connections<br>ly and in conjunction<br>. Violations of the law  |
| Name o<br>Name o<br>4 Digit M<br>(e.g., May<br>1. In<br>ar<br>v<br>ca<br>2. If                         | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)<br>Inderstand that using<br>d associated equipm<br>th Department of the<br>n result in loss of eW<br>am aware of a secur   | ID<br>f Birth:<br>f Birth:<br>the MMS eVVell s<br>ent, software, an<br>Interior and MMS<br>ell access.<br>ity breach (passw   | ENTITY VERIF<br>(Please answer<br>CERT<br>system means I will t<br>d data. These resou<br>policies. Law prohil<br>word sharing, hackin   | ICATION QUESTIC<br>one of the following<br>TIFICATION<br>be using MMS's Computer<br>roes are to be used for offi<br>bits any other use of these<br>g), I will immediately notify   | PNS<br><b>Favorite Color:</b><br>Systems, Electronic Mail, In<br>cial government business on<br>items (section 641, 18 USC)<br>the company eWell adminis  | ternet connections<br>ly and in conjunction<br>Violations of the law<br>trator.   |
| Name o<br>A Digit M<br>(e.g., May<br>1. It<br>ar<br>w<br>2. If<br>3. It<br>fo                          | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)<br>th Department of the<br>n result in loss of eW<br>am aware of a secur<br>vill select my own pas<br>any reason, I will cor   | ID<br>f Birth:<br>f Birth:f Birth:<br>f Birth:          | ENTITY VERIF<br>(Please answer<br>CERT<br>system means I will I<br>d data. These resou<br>3 policies. Law prohil<br>word sharing, hackin<br>NOT share my pass<br>iy eWell administrato   | ICATION QUESTIC<br>one of the following<br>TIFICATION<br>be using MMS's Computer<br>rees are to be used for offi<br>pits any other use of these<br>g), I will immediately notify<br>word or User ID with anyor<br>ir to notify them to delete r  | PNS<br>g)<br>Favorite Color:<br>Systems, Electronic Mail, In<br>cial government business on<br>items (section 641, 18 USC)<br>r the company eWell adminis<br>ne. If I no longer need access<br>ny User ID from the system.  | ternet connections<br>ly and in conjunction<br>. Violations of the law<br>trator.<br>s to the eWell system                                      |
| Name or<br>4 Digit N<br>(e.g., May<br>1. In<br>ar<br>w<br>2. If<br>3. In<br>fo<br>4. In<br>ca<br>A     | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)<br>d associated equipm<br>th Department of the<br>n result in loss of eW<br>am aware of a secur<br>vill select my own pas<br>any reason, I will con<br>vill handle sensitive da<br>mpromised in any wa<br>t to unauthorized per  | ID<br>f Birth:<br>f | ENTITY VERIF<br>(Please answer<br>CERT<br>system means I will I<br>d data. These resou<br>policies. Law prohil<br>word sharing, hackin<br>NOT share my pass<br>ny eWell administratic<br>and understand that<br>ary for official govern                            | ICATION QUESTIC<br>one of the following<br>TIFICATION<br>be using MMS's Computer<br>rese are to be used for offi<br>bits any other use of these<br>g), I will immediately notify<br>word or User ID with anyor<br>or to notify them to delete r<br>this information is not to b<br>imment business. I agree not  | PNS<br>a)<br>Favorite Color:<br>Systems, Electronic Mail, In<br>cial government business on<br>items (section 641, 18 USC)<br>the company eWell adminis<br>he. If I no longer need access<br>my User ID from the system.<br>be exchanged, divulged, or o<br>ot to disclose information covi   | ternet connections<br>ly and in conjunction<br>. Violations of the law<br>trator.<br>s to the eWell system<br>therwise<br>ered by the Privacy   |
| Name o<br>A Digit M<br>(e.g., May<br>1. In<br>ar<br>2. If<br>3. In<br>for<br>4. In<br>5. If            | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)<br>d associated equipm<br>th Department of the<br>n result in loss of eW<br>am aware of a secur<br>vill select my own pas<br>any reason, I will cor<br>vill handle sensitive da<br>mpromised in any wa<br>tt o unauthorized per<br>ave read the eWell di   | ID<br>f Birth:<br>f Birth:  | ENTITY VERIF<br>(Please answer<br>CERT<br>system means I will I<br>d data. These resou<br>b policies. Law prohil<br>word sharing, hackin<br>NOT share my passa<br>yo eWell administrato<br>and understand that<br>any for official govern<br>ree to the conditions | ICATION QUESTIC<br>one of the following<br>TIFICATION<br>be using MMS's Computer<br>rees are to be used for offi<br>pits any other use of these<br>g), I will immediately notify<br>word or User ID with anyou<br>r to notify them to delete r<br>t this information is not to I<br>imment business. I agree not<br>specified in the document            | PNS<br>()<br>Favorite Color:<br>Systems, Electronic Mail, In<br>cial government business on<br>items (section 641, 18 USC)<br>the company eVVell adminis<br>the company eVVell administration eVVell administration eVVell<br>the company eVVell administration eVV | ternet connections<br>ly and in conjunction<br>i. Violations of the law<br>trator.<br>is to the eWell system<br>therwise<br>ered by the Privacy |
| Name o<br>A Digit M<br>(e.g., May<br>1. In<br>ar<br>2. If<br>3. In<br>fo<br>4. In<br>5. If<br><b>C</b> | Childhood Pet:<br>Ionth and Day of<br>24 is 0524)<br>Inderstand that using<br>d associated equipmit<br>th Department of the<br>n result in loss of eW<br>am aware of a secur<br>vill select my own pas<br>any reason, I will cor<br>vill handle sensitive da<br>mpromised in any wa<br>to unauthorized per<br>ave read the eWell di<br>onsent and will | ID<br>f Birth:<br>f bir   | ENTITY VERIF<br>(Please answer<br>CERT<br>system means I will I<br>d data. These resou<br>b policies. Law prohil<br>word sharing, hackin<br>NOT share my pass<br>and understand that<br>any for official goverr<br>ree to the conditions<br>he above cond          | ICATION QUESTIC<br>one of the following<br>TIFICATION<br>be using MMS's Computer<br>roes are to be used for offi<br>pits any other use of these<br>g), I will immediately notify<br>word or User ID with anyor<br>r to notify them to deleter<br>at this information is not to H<br>imment business. I agree not<br>specified in the document<br>itions. | PNS<br>g)<br>Favorite Color:<br>Systems, Electronic Mail, In<br>cial government business on<br>items (section 641, 18 USC)<br>the company eWell adminis<br>ne. If I no longer need access<br>my User ID from the system.<br>be exchanged, divulged, or o<br>to disclose information covi  | ternet connections<br>y and in conjunction<br>. Violations of the law<br>trator.<br>to the eWell system<br>therwise<br>ered by the Privacy      |

| List all companies that user will submit data signature authority. | for. These must be companies for which you have MMS    |
|--|--|
| MMS Company Number   | Company Name<br>(as entered on MMS Qualification File) |
|  |  |
|  | · <u> </u>   |
|  |  |
| Representative Name:   |  |
| Representative Title:  |  |
| Representative<br>Signature:                                       | Date:  |

## APPENDIX B eWELL ADMINISTRATOR REQUEST FORM AND INSTRUCTIONS

### **NOTE:** This form has two sides. <u>Make sure that you print it on the front and back of one sheet of paper.</u>

| ITEM                  | DESCRIPTION   |  |  |
|-----------------------|---|--|--|
| Front Side            |   |  |  |
| USER                  | Check this box when the user does not have a user ID in the eWell system.               |  |  |
| INFORMATION:          |   |  |  |
| New Administrator     |   |  |  |
| USER                  | Check this box when the user has a user ID and wants access to a new company.           |  |  |
| INFORMATION:          |   |  |  |
| New Company           |   |  |  |
| USER                  | Check this box to delete the user from the system. MMS will accept notice of deleted    |  |  |
| INFORMATION:          | users only from the company administrator. The administrator must drop all              |  |  |
| Delete Administrator  | entitlements before sending in the form.  |  |  |
| Name                  | Enter the name of the user who wants access to the eWell system. The first name, MI,    |  |  |
|                       | and last name are required fields.  |  |  |
| Title                 | Enter the company title of the person requesting access to the eWell system.            |  |  |
| Address               | Enter the company mailing address for person requesting access to the eWell system.     |  |  |
|                       | This address will be used to correspond with the user.                                  |  |  |
| Phone Number and      | Enter the numbers for the user who wants access to the eWell system.                    |  |  |
| Fax Number            |   |  |  |
| E-mail Address        | Enter the e-mail address of the person requesting access to the eWell system. This      |  |  |
|                       | address will be used to correspond with the user and is a required field.               |  |  |
| Identity Verification | Answer one of the questions. When the user calls the OMM ITD help desk, this            |  |  |
| Questions             | information will be used to verify the caller's identity before any problem can be      |  |  |
|                       | addressed.  |  |  |
| Consent               | Check this box. This verifies that the user has read the certifications and agrees with |  |  |
|                       | them.   |  |  |
| Signature and Date    | The user needs to sign and date the form.   |  |  |
|                       | Back Side   |  |  |
| MMS Company           | Enter the companies to which the user needs access and for which the signer has         |  |  |
| Number and Name       | signature authority. MMS will verify the signature for each company before granting     |  |  |
|                       | the user access to the company. If a company is listed for which the signer does not    |  |  |
|                       | have signature authority, the whole form will be returned and no action will be taken.  |  |  |
| Entitlement           | Initial to allow the user to act as an administrator.                                   |  |  |
| Authorization         |   |  |  |
| Representative        | Enter the name of the person with MMS signature authority. This person's name must      |  |  |
| Name                  | match the name on the MMS Qualification File for the company.                           |  |  |
| Representative Title  | Enter the title of the person listed for Representative Name. The title must match the  |  |  |
|                       | title on the MMS Qualification File.  |  |  |
| Representative        | The person with MMS signature authority must sign and date the form.                    |  |  |
| Signature             |   |  |  |

|                                |   | eWel  | U.S. Departme<br>Minerals Mana<br>I Administra                                 | nt of the Interior<br>gement Service<br><b>tor Request F</b>                          | orm   |   |
|--------------------------------|---|---|--|---|---|---|
| USER                           | INFORMATION   | l: 🗆 Nev  | w Administrator  | 🗌 New Compa   | ny 🗌 Delete Ad  | Iministrator  |
| Name:                          |   |   |  |   |   |   |
| Title:                         | Prenx   | First   | MI   | Last  | Sumx  | User ID   |
| Address                        | : Company Nam   | e:  |  |   |   |   |
|                                | Division:   |   |  |   |   |   |
|                                | Street:   |   |  |   |   |   |
|                                | City:   |   | State: _   | ZIP:  | Country:  |   |
| Phone N                        | Number  |   | Fax Number   |   | E-mail Address  |   |
| <b>4 Digit f</b><br>(e.g., May | <b>Month and Day of B</b><br>24 is 0524)  | irth:   | CERTIE   |   |   |   |
|                                |   |   | 02.000   |   |   |   |
| 1. I<br>a<br>vv<br>c:          | understand that using the<br>nd associated equipment<br>/ith Department of the Inte<br>an result in loss of eWell | MMS eWells<br>, software, and<br>erior and MMS<br>access. | system means I will be u<br>d data. These resources<br>policies. Law prohibits | using MMS's Computer Sy<br>s are to be used for officia<br>any other use of these ite | /stems, Electronic Mail, In<br>I government business on<br>ems (section 641, 18 USC | ternet connections<br>ly and in conjunction<br>). Violations of the law |
| 2. lf                          | I am aware of a security  | breach (passv   | vord sharing, hacking),  | I will immediately notify th  | e company eWell adminis   | trator.   |
| 3. 1.<br>fo                    | will select my own passw<br>or any reason, I will conta   | ord and I will N<br>ct the compan                         | NOT share my passwor<br>y eVVell administrator to                              | d or User ID with anyone.<br>) notify them to delete my                               | If I no longer need access<br>User ID from the system.                              | s to the eVVell system  |
| 4. I <sup>.</sup><br>ci<br>A   | will handle sensitive data<br>ompromised in any way u<br>.ct to unauthorized persor                               | appropriately<br>Inless necessa<br>Inel.                  | and understand that thi<br>ary for official governme                           | s information is not to be<br>int business. I agree not ti                            | exchanged, divulged, or o<br>o disclose information cov                             | therwise<br>ered by the Privacy   |
| 5. I                           | have read the eWell discl   | aimer and agr   | ee to the conditions spe   | ecified in the document.  |   |   |
| Πlo                            | onsent and will a   | dhere to th   | ne above conditi   | ons.  |   |   |
| User Sid                       | gnature:  |   |  |   | Date:   |   |

| List all companies tha<br>signature authority.   | t user will submit data for.   | . These must be companies for which you have MMS  |
|--|--|---|
| MMS Company Numb                                 | ber  | Company Name<br>(as entered on MMS Qualification File)  |
|  |  |   |
|  |  |   |
|  |  |   |
|  | ENTITLEN   | MENT AUTHORIZATION<br>(Please initial)  |
| l assign t<br>access to<br>granting<br>for other | this user as a company el<br>o all company data stored<br>entitlements (read, write,<br>company users and ager | Well administrator. As an administrator, the user will have full<br>I in the MMS eWell database. The user will be responsible for<br>update) to company data stored in the MMS eWell database<br>nts. |
| Representative Name                              | :  |   |
| Representative Title:                            | . <u> </u>   |   |
| Representative<br>Signature:                     |  | Date:   |

# APPENDIX C eWELL AGENT USER REQUEST FORM AND INSTRUCTIONS

#### NOTE: This form has two sides. Make sure that you print it on the front and back of one sheet of paper.

| ITEM                  | DESCRIPTION  |  |  |
|-----------------------|--|--|--|
| Front Side            |  |  |  |
| USER                  | Check this box when the user does not have a user ID in the eWell system.  |  |  |
| INFORMATION:          |  |  |  |
| New User              |  |  |  |
| USER                  | Check this box when the user has a user ID and wants access to a new company.  |  |  |
| INFORMATION:          |  |  |  |
| New Company           |  |  |  |
| USER                  | Check this box to delete the user from the system. MMS will accept notice of   |  |  |
| INFORMATION:          | deleted users only from the company administrator. The administrator must drop the   |  |  |
| Delete User           | user from all entitlements before sending in the form.   |  |  |
| Name                  | Enter the name of the user who wants access to the eWell system. The first name,   |  |  |
|                       | MI, and last name are required fields.   |  |  |
| Title                 | Enter the company title of the person requesting access to the eWell system.   |  |  |
| Address               | Enter the company mailing address for person requesting access to the eWell system.  |  |  |
|                       | This address will be used to correspond with the user.   |  |  |
| Phone Number and      | Enter the numbers for the user who wants access to the eWell system.   |  |  |
| Fax Number            |  |  |  |
| E-mail Address        | Enter the e-mail address of the person requesting access to the eWell system. This address will be used to correspond with the user and is a required field. |  |  |
| Identity Verification | Answer one of the questions. When the user calls the OMM ITD help desk, this   |  |  |
| Questions             | information will be used to verify the caller's identity before any problem can be   |  |  |
|                       | addressed.   |  |  |
| Consent               | Check this box. This verifies that the user has read the certifications and agrees with  |  |  |
|                       | them.  |  |  |
| Signature and Date    | The user needs to sign and date the form.  |  |  |
|                       | Back Side  |  |  |
| MMS Company           | Enter the companies to which the user needs access and for which the signer has  |  |  |
| Number and Name       | signature authority. MMS will verify the signature for each company before   |  |  |
|                       | granting the user access to the company. If a company is listed for which the signer   |  |  |
|                       | does not have signature authority, the whole form will be returned and no action will  |  |  |
|                       | be taken.  |  |  |
| Access                | Initial to allow the user to act as an agent for the company for which the signer has  |  |  |
| Authorization         | MMS signature authority.   |  |  |
| Representative        | Enter the name of the person with MMS signature authority. This person's name  |  |  |
| Name                  | must match the name on the MMS Qualification File for the company.   |  |  |
| Representative Title  | Enter the title of the person listed for Representative Name. The title must match the   |  |  |
|                       | title on the MMS Qualification File.   |  |  |
| Representative        | The person with MMS signature authority must sign and date the form.   |  |  |
| Signature             |  |  |  |

#### U.S. Department of the Interior Minerals Management Service eWell Agent User Request Form USER INFORMATION: New User New Company Delete User User ID Prefix First ML Last Suffix Company Name:

| Company eWell Administrator<br>Name | Company eWell Administrator<br>Phone Number                          | Company eWell Administrator<br>E-mail Address |
|-------------------------------------|--|---|
|                                     |  |   |
|                                     | IDENTITY VERIFICATION QUESTIC<br>(Please answer one of the following | INS<br>1)                                     |

Fax Number

\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_\_

E-mail Address

Favorite Color: Name of Childhood Pet: 4 Digit Month and Day of Birth: \_\_\_\_\_ (e.g., May 24 is 0524)

#### CERTIFICATION

- I understand that using the MMS eWell system means I will be using MMS's Computer Systems, Electronic Mail, Internet connections
  and associated equipment, software, and data. These resources are to be used for official government business only and in conjunction
  with Department of the Interior and MMS policies. Law prohibits any other use of these items (section 641, 18 USC). Violations of the law can result in loss of eWell access.
- 2. If I am aware of a security breach (password sharing, hacking), I will immediately notify the company eWell administrator.
- 3. I will select my own password and I will NOT share my password or User ID with anyone. If I no longer need access to the eWell system for any reason, I will contact the company eWell administrator to notify them to delete my User ID from the system.
- 4. I will handle sensitive data appropriately and understand that this information is not to be exchanged, divulged, or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act to unauthorized personnel.
- 5. I have read the eWell disclaimer and agree to the conditions specified in the document.

#### I consent and will adhere to the above conditions.

User Signature:

Name:

Title:

Address:

Phone Number

Division: Street:

City: \_\_

Date:

| List all companies that user will submit data for.<br>signature authority.                        | . These must be companies for which you have MMS  |
|---|---|
| MMS Company Number  | Company Name<br>(as entered on MMS Qualification File)  |
|   |   |
|   |   |
|   |   |
| ACCES   | SS AUTHORIZATION<br>(Please initial)  |
| l authorize this user as an <b>agent u</b><br>entitlements granted by the compa<br>administrator. | user who has access to the company's data based on<br>any's eWell administrator or by the agent company's eWell |
| Representative Name:  |   |
| Representative Title:   |   |
| Representative<br>Signature:  | Date:   |

# APPENDIX D eWELL SYSTEM DISCLAIMER

#### Security

MMS, as developer and manager of the eWell System website, has taken several steps to safeguard the integrity of its telecommunications and computing infrastructure, including but not limited to authentication, monitoring, auditing, and encryption. Security measures have been integrated into the design, implementation, and day-to-day practices of the entire operating environment as part of the MMS' continuing commitment to risk management. This information should not be construed in any way as giving business, legal, or other advice, or warranting as fail-proof the security of information provided via the website.

Information presented and collected on this website is shared between MMS and the company or agent users submitting the data. Restrictions have been put in place to maximize the security of the data. All information collected will be used only for the purposes for which it was provided and will not be shared with another entity except as prescribed by law. The non-proprietary data submitted will be made available in the MMS Public Information Office. While MMS makes every effort to provide accurate and complete information, we provide no warranty, expressed or implied, as to the accuracy, reliability or completeness of furnished data.

For site security purposes and to ensure that this service remains available to all users, this Government computer system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage. Unauthorized attempts to upload information or change information on this website are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act. Information may also be used for authorized law enforcement investigations.

#### What Happens to Information You Submit to Us?

The information you submit to us will be transmitted through secure lines to our departmental database. Any private information will only be used for the purposes for which it was provided and will not be shared with another entity except as prescribed by law.

#### Cookies

This website uses session cookies only. The site will not store a permanent cookie on your computer. The session cookie is used to store a randomly generated identifying temporary tag on your computer and is stored in memory only.

### **Personally Identifiable Information**

You may choose to provide us a comment or question with your personal information. We use the information to improve our service to you or to respond to your request. MMS will not distribute the e-mail address for any reason except to respond to your request.