

MMS Production Inspection Form Procedural Handbook

This Handbook establishes guidance on the completion of the production inspection form that is currently used. Revisions to the regulations, inspection form or policy changes will be reflected in changes to the Handbook as appropriate. Where appropriate, the Handbook references the applicable regulation. This Handbook demonstrates the proper procedure on the completion of the Inspection form. The type of assigned inspection may determine the section or sections to be completed.

This handbook is to be used for the training of MMS's inspection personnel or to assist inspectors during the course of their inspection. This handbook can also be used as a guide for Operators in preparation for an inspection or to assist Operator personnel in regulatory compliance. For Operators, this inspection form may not provide adequate documentation of all safety devices. Always review the regulations, along with all referenced documents, and your Company policies to ensure that your inspection has achieved compliance.

Table of Contents

Table of Contents: II	
Acronyms: III	
Master Record: 1	
Structure Identification: 3	
Contact Data	
Company Data: 6	
Contractor Data: 7	
Helideck Data: 8	
Summary/Enforcement: 9	
Approved Departures: 11	
Remarks: 11	
Pumps: 12	
Pipelines: 14	
Wellbay: 17	
Pressure and Atmospheric Vessels: 21	
Headers: 24	
Fired Vessels: 26	
Compressors: 29	
Meters: 32	
PINC Inspection Items: 35	
Civil Penalty Review Information: 36	
Inspection Summary: 37	
Potential Incidents of Noncompliance List: 38	
Attachment A	
Production Inspection Form (Blank)	
Attachment B	

ACRONS USED

Enforcement Actions

W Warning

C Component Shut-in

S Facility (Platform/Rig) Shut-in

Documents Referenced

ASME Boiler and Pressure Vessel Code

ANSI/ASME SPPE-1 Quality Assurance and Certification of Safety and Pollution Prevention Equipment Used in Oil and Gas Operations

ANSI Z88.2 Practices for Respiratory Protection

API RP 2D API Recommended Practice for Operation and Maintenance of Offshore Cranes

API RP 14C API Recommended Practice for Analysis, Design, Installation, and Testing of Basic Surface Safety Systems for Offshore Production Platforms

API RP 14F API Recommended Practice for Design and Installation of Electrical Systems for Offshore Production Platforms

API RP 14G API Recommended Practice for Fire Prevention and Control on Open Type Offshore Production Platforms

API RP 500 API Recommended Practice for Classification of Locations for Electrical Installations at Petroleum Facilities Classified as Class I, Division 1, and Division 2

API RP 505 API Recommended Practice for Classification of Locations for Electrical Installations at Petroleum Facilities Classified as Class I, Zone 0, Zone 1, and Zone 2

API RP T2 API Recommended Practice for Qualification Programs for Offshore Production Personnel Who Work with Anti-pollution Safety Devices

Other:

ANSI - American National Standards Institute

API - American Petroleum Institute **ASME** - American Society of Mechanical Engineers

ATC - Automatic Temperature Compensator

ATG - Automatic Temperature Gravity

BDV - Blowdown Valve

BSL - Burner Flame Detector (burner safety low)

CFR - Code of Federal Regulations
ESD - Emergency Shutdown
FSL - Low Flow Sensor (flow safety low)
FSV - Flow Safety Valve (check valve)
hp - horsepower
H₂S - Hydrogen Sulfide
ID - Identification
INC - Incident of Noncompliance
PINC - Potential Incident of Noncompliance
LEL - Lower Explosive Limit
LSH - Level Safety High (high level sensor)
LSL - Level Safety Low (low level sensor)
MAOP - Maximum Allowable Operating Pressure
MAWP - Maximum Allowable Working Pressure
MMS - Minerals Management Service
MODU - Mobile Offshore Drilling Unit
OCS - Outer Continental Shelf
od - outside diameter
0°F - degrees Fahrenheit
pcf - pounds per cubic foot
PFD - Personal Flotation Device
ppg - pounds per gallon
ppm - parts per million
PSH - Pressure Safety High (high pressure sensor)
psi - pounds per square inch
psig - pounds per square inch gauge
PSL - Pressure Safety Low (low pressure sensor)
PSV - Pressure Safety Valve (pressure relief valve)
SAC - Safety Analysis Checklist
SAFE - Safety Analysis Function Evaluation
SCSSV - Surface Controlled Subsurface Safety Valve
SDV - Shutdown Valve
SITP - Shut-in Tubing Pressure
SO₂ - Sulfur Dioxide
SSCSV - Subsurface Controlled Subsurface Safety Valve
SSSV - Subsurface Safety Valve
SSV - Surface Safety Valve
TSE - Temperature Safety Element (fusible material)
TSH - Temperature Safety High (high temperature sensor)
TSL - Temperature Safety Low (low temperature sensor)
USV - Underwater Safety Valve
UV - Ultraviolet

Master Record

The first page of the inspection form lists the structure information of the platform or structures listed on the form and is captured and entered into the database.

The beginning date of the inspection:

Enter the date that the inspection was initiated; this may start with the paperwork portion conducted in the office. The date is listed on each page of the inspection and will not be addressed further.

The ending date of the inspection:

The ending date of the inspection is the date that the inspection has been completed, including all relevant information that the Inspector may have entered upon the completion of the physical portion of the inspection. This ending date is listed on each page of the inspection and will not be addressed further.

Complex ID:

The complex identification is the unique number that is assigned to the facility by the Office of Structural and Technical Support, within Field Operations. This number, once entered into the database, remains with the platform and does not change.

Lease:

The lease number is the number that is assigned by the Adjudication Unit. This number identifies the surface location of the platform. This number should not be confused with the bottomhole location of wells on the platform that may be completed in another lease.

Area:

This identifies the area in which the platform is physically located, such as Ship Shoal. In identifying the Ship Shoal Area, a two-letter designation is to be entered on this line, such as SS.

Block:

This identifies the block in which the platform is located. This is not to be confused with the bottomhole location that a well may be located in. A four-digit number may be entered here, such as 0001.

Field:

This identifies the field in which a discovery was first made in the area, related to production. This field entry may be different than the area block identification, such as SS 0001. This field identifier is assigned by the Production and Development Section.

Manned (24 hours)

A platform or complex that is manned 24 hours a day is considered “Manned.” A Y for yes is to be entered. All other platforms or complexes are considered unmanned, and an N for No is to be entered for all those that are manned less than 24 hours a day.

Number of Rigs:

The total number of rigs that are physically located on the platform; include all rigs that are located on platforms that are attached by walkway. A two-digit number such as 01 is to be entered.

Number of Cranes:

The total number of cranes that are located on the platform; include all cranes that are located on platforms that are attached to this platform by walkway. A two-digit number such as 02 is to be entered.

Code:

The corresponding Lease Operator code shall be entered. This number is a unique identifier of the Lease Operator. A five-digit number such as 00123.

Name:

The designated Lease Operator’s name should be entered. This should match the Lease Operator code.

Miles to Shore:

Using statute miles, enter the number of miles from the nearest shoreline to the platform location.

Water Depth:

Enter the water depth in which the platform was installed. Enter the number in feet, up to 5 digits.

Injection Type:

Enter the type of product that is being injected, such as gas, water or other hydrocarbons.

Commingle Flag:

This is a flag as to whether a location is commingling production or not. Enter Y for Yes, commingling is occurring, or N for No, commingling is not occurring.

Structure Identification:

MMS:

Enter a numerical value for the platform in ascending order. If there is only one platform, then 01 would be entered. If more than one or additional platforms are installed and are attached by walkway, list each and increase value accordingly.

Platform Name:

This is the letter or numerical number assigned to the platform or platforms, such as A or #12.

Number of Decks:

Enter the numerical value of deck(s) located on each platform. List only those decks that provide decking for wells or production equipment. Do not include small sump tank decks or plus 10 decks or boat landings as decks.

Number of Slots:

Enter the numerical value of drilling slots available. Count all that are used and unused.

Number of Slots Drilled:

Enter the numerical value of slots that are used. Include all plugged and abandoned and temporarily abandoned. Include those that are used for water source, storage, injection, or fuel gas storage.

Major Platform:

Enter Y for yes if the platform is a major platform or N for no if platform is a minor platform. Do accordingly for each platform listed. Note! a major platform is defined as a platform that has more than one piece of production process equipment regardless of the number of completions, or a platform that has six (6) or more completions regardless of the number of production process equipment.

Underwater Completions:

Enter the numerical value of the underwater completions that transport production to the platform via pipeline for processing or shipping to another platform. List those for each platform listed.

Satellite Wells:

Enter the numerical figure of single or multi-well satellite platforms that flow to the facility for separation or shipping. Do not count satellite wells that are attached by walkways.

Date Installed:

Enter the date DD/MO/0000 of each platform installation. Enter all platforms that are attached by walkway or connected by bridge.

Date Removed:

Enter the date DD/MO/0000 of each platform removal as appropriate. Enter all platforms that were attached by walkway or connected by bridge.

Area:

This identifies the area in which the platform is physically located, such as Ship Shoal Area. In identifying the Ship Shoal Area, a two-letter designation is to be entered on this line, such as SS.

Block:

This identifies the block in which the area of the platform is located. This is not be confused with the bottomhole location that a well may be located in. A four-digit number may be entered here, such as 0001.

Location Departure:

This identifies the facility's physical location within the block. This information is obtained from the TIMS database and is automatically entered by the system and is not necessary to be entered by the field inspection.

Flaring Boom:

Enter an N for no or Y for yes if a flare boom is located on the platform.

Complex Status:

Under this section enter an N for no or a Y for yes for each of the questions.

- Abandoned Y/N
- Drilling Y/N
- Production Y/N
- Workover Y/N
- Major Complex Y/N

General:

- Heliport Y/N
- Attended (8HRS) Y/N
- Production
 - Equipment Y/N
- Compressor Y/N
- Fired Vessel Y/N
- Quarters (BEDS) (Enter of beds available)
- Power Generator Y/N
- Power Source (Enter the type fuel used for generation D=diesel or G=gas)
- Storage Tanks Y/N

Type Production:

Gas Y/N

Oil Y/N

Water Y/N

Condensate Y/N

Sulphur Y/N

Metering:

Sales, Gas Y/N

Allocation Y/N

Sales, Oil Y/N

Tank Gauge Y/N

Gas Flaring Y/N

Meter Prover Y/N

Contact Data Company Data

Company Name:

Enter the name of the company that has been assigned as the designated operator.

Company ID Number:

The corresponding Lease Operator code shall be entered. This number is a unique identifier of the Lease Operator, number such as 00123.

Number of Company Personnel on Complex:

Enter the numerical value that represents the number of Company personnel; be sure not to list Contract personnel.

Contact Name:

Enter the name or names of Company personnel with whom the Inspector made contact with during the announcement of the inspection, or those who represented the Company.

Contact Title:

Enter the title of the person or persons listed in the previous column under Contact Name.

Phone Number:

Enter the phone number of the facility or the number of the location that you contacted to arrange for the inspection.

Fax Number:

Enter the fax number of the facility or the number of the location that you contacted to arrange for the inspection.

Contractor Data

Contractor:

Enter the name of the contractor or contractors who operate the platform:

Contractor's Identification Number:

Enter the numeric code that identifies the Contractor.

Number of Contractor Personnel on Complex:

Enter the numeric value of contractor personnel who stay on this platform.

Contact Name:

List the names of the contractor personnel who operate this platform.

Contact Title:

Enter the title of the persons from the contact name.

Phone Number:

Enter the phone number of the facility or the number of the location that you called for the contact personnel.

Fax Number:

Enter the Fax number of the facility or the number of the location that you called for the contact personnel.

Helideck Data

Structure Number:

Enter the numerical value of the platform from the first page of the inspection form. If there is more than one platform or heliport, ensure that each coincides with the platform number. If there is only one platform, then 1 would be entered. If more than one or additional platforms are installed and are attached by walkway, list each and increase the value accordingly. This structure number request is on each page of the inspection form and should coincide with the platform and equipment. No further reference shall be made as to the structure number.

Structure Name:

Enter the number assigned to the platform or platforms, such as A or #12, that coincides with the identification from the first page of the inspection form.

Support Weight (Kips):

Enter the support weight of each heliport. This weight should be listed on the heliport. It may be listed in pounds or kips; however, enter the weight value in Kips. Each kip represents 1,000 pounds.

Shape Code:

Enter the shape abbreviation code that describes the configuration of the heliport. Abbreviations: SQR for square, REC for rectangular, CIR for round, HEX for hexagon, or OCT for octagon.

Diameter:

Enter the diameter value of the heliport for those that are round in shape.

Length:

Enter the numeric value of those heliports that are square or rectangular in shape.

Width:

Enter the numeric value of those heliports that are square or rectangular in shape.

Fuel Stop:

Enter Y for yes or N for no if a helicopter fueling station is available.

Comments:

List any appropriate comments that pertain to the heliport.

Summary/Enforcement

Type Inspection:

Enter the type inspection that you are performing. Use the two-letter code from the TIMS database.

Date of Last Inspection:

The date that appears on the form is from the database and no entry is required by the inspector.

Type Inspection Secondaries:

Enter those inspections that are performed while performing your regularly assigned inspection. Those may include Metering, Flaring, Pipeline or Environmental, etc. Use the two-letter code assigned by the TIMS data-base.

Time Summary:

Under the Current column, enter the amount of time for each of the categories, using hours and tenths of hours, totaling the time. If more than one Inspector, enter total time for both Inspectors.

Inspector's Code:

Under Current, list the inspector or inspectors' assigned numeric code for those who participated in the inspection. If there is more than one inspector, list the lead inspector first.

Inspector's Name:

Each inspector should enter his or her signature, along with his or her official inspection number. Note: this signature signifies that all relevant PINC's have been reviewed pertaining to the inspection.

Line Number:

This line number identifies the number of lines on which data have been entered. Enter numbers in ascending order, such as 01, 02, 03 etc. This appears on each page of the inspection and will not be addressed further in the manual.

Structure Number:

Enter the identification number of the platform on which the violation occurred.

INC Number:

Enter the appropriate INC number as issued from the National PINC list.

Enforcement Code:

Enter the appropriate enforcement code: W for Warning, C for Component, or S for Structure.

Equipment Name:

Identify the name of the equipment or device that the violation occurred on or that is involved.

Remarks:

List all appropriate remarks that pertain to the violation.

Issued:

Enter the date and time that the violation was detected. This should correspond with the date and time list on the INC form.

Corrected:

Enter the date and time that the violation was corrected if violation is corrected prior the completion of the inspection.

Hours Down Time:

Enter the amount of time that a piece of equipment has been down because of the violation.

Approved Departures

Date Issued:

Enter the date that the departure was approved.

PINC Number:

Enter the appropriate PINC Number from the PINC list that corresponds with the departure.

Comments:

List pertinent information that pertains to the departure, such as type of device or any restrictions placed upon the departure.

Remarks:

List remarks that you believe need be entered into the database, such as ESD closure times, PSV or fire pump test dates, or observations made during the inspection that need be addressed during another inspection or comments made to operator personnel that are important. The inspector should also list any observations on abnormal conditions that he or she noted during the inspection.

Pumps

Equipment Name:

List all pumps that are on the facility.

Out of Service:

In this column enter N for No as an indication that the pump is **not** out of service or Y for Yes that the pump **is** out of service.

Working Pressure:

Verify the working pressure of the pump and enter the value of the working pressure in this column.

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range chart the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records and enter the latest PSH setting in this column. If the PSH has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

PSL: Review the operator's monthly test records; enter the latest PSL setting in this column. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved API sac reference, this column may be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved API sac reference, this column may be left blank.

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test Pressure Safety Valve:

Witness the testing of the PSV and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSV has an approved API sac reference, this column may be left blank.

Temperature Safety Element:

Observe the pump(s) for the required coverage of TSE's and enter Y for yes, the pump has adequate coverage, or an N for No, it does not.

Flow Safety Valve:

Look for the FSV on the discharge side of the pump as required by API RP 14C. Enter a Y for Yes, that a FSV is installed or an N for No, it does not have a FSV.

Suction Shutdown Valve:

Observe that the pump's suction line is equipped with a SDV as required by API RP 14C. Enter Y for Yes that an SDV is installed or an N for No that it does not have a SDV.

Total Available for Inspection:

For a complete inspection, enter the total number of components that are available for inspection. If a sample inspection is being performed, enter the total number of components that have been selected for inspection. Do not count out of service vessels.

Total Number Inspected:

Enter the number of items that have been inspected.

Pipelines

Segment Number:

Review the pipeline application and enter the MMS-assigned segment number for the pipeline.

Out of Service:

Flag: If pipeline is out of service, enter a Y for Yes, indicating it is out of service; or an N for No, indicating that it is not out of service.

Date: If the pipeline is out of service, enter the date that the line was taken out of service.

Maximum Allowable Operating Pressure:

Review the MMS-approved pipeline application, then determine the MAOP of the pipeline and enter its value.

Authority:

Review the MMS-approved pipeline application for departmental authority; if it's a Department of the Interior pipeline, enter I, a Department of Transportation pipeline, enter T.

Type:

Review the MMS-approved pipeline application to determine if the pipeline was approved as a Departing, Incoming or Bi-directional pipeline. Enter D for Departing or I for Incoming or B for Bi-directional. Verify from the Operator's records and physical inspection of the line that the line is operated as approved.

Size Number:

Review the MMS-approved application and enter the size of the line in inches. Verify from the Operator's records and physical inspection of the line that the line size is as approved.

Unit Number:

Review the operator's paperwork and enter the name or unique identifier that the operator has assigned to the line. This may not match the segment number as assigned by MMS.

Production:

Review the MMS-approved application and determine the product type for which the pipeline was approved. Verify from the Operator's records that the product received by the line is as approved. Enter the type of production that the pipeline receives.

Depart to:

If the line is a departing pipeline, review the MMS-approved application and enter the location or facility to which the line departs. Verify from the Operator's records that the line departs to the location or facility as approved.

Receives Product From Facility:

If the line is a departing pipeline, review the MMS-approved application and enter a Y for Yes or N for No if the pipeline receives production from the facility. A crossing line that does not deliver a product for processing would be entered as No.

Incoming From:

If the line is an incoming pipeline, review the MMS-approved application and enter the location or facility from which the line comes. Verify from the operator's records that the line incomes from the location or facility as approved.

Delivers Product To Facility:

If the line was approved as an incoming pipeline, review the MMS-approved application and enter a Y for Yes or N for No if production is delivered to the facility for processing. A crossing line that does not deliver a product for processing would be entered as No.

Departing/Bi-directional:

Operating Range:

High: Review and verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Review and verify from the operator's current range chart the lowest operating range and enter that value in this column.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Flow Safety Valve:

Verify the installation of the FSV as required by API RP 14C. Enter a Y for Yes that an FSV is installed. If an FSV is not installed, enter the applicable API sac reference. An actuation test of the FSV by the inspector is not required.

Pressure Safety Valve:

Witness the testing of the PSV and determine that the PSV is set as required.
Enter a Y for yes, the PSV is set correctly; or an N for No, that the PSV is set incorrectly or that a PSV is not installed.

Auto-Operated Shutdown Valve:

Verify that the SDV is installed and that the safety system actuates the SDV.
Enter Y for Yes or N for No.

Shutdown Operated by Emergency Shutdown:

Verify that the ESD system will actuate the closure of the SDV. Enter Y for Yes or N for No.

Wellbay

Lease Number:

Review the well records and enter the lease number from which production is established. If the well is a dual completion, enter the lease number of the deepest completion.

Well Identification:

Enter the well name that corresponds with the safe chart and that of the operators' well records.

Out of Service:

In this column, enter N for No as indication that the well is **not** out of service or Y for Yes, that the well has been placed out of service by being plugged and abandoned or temporary abandoned.

Completion Status:

In this column enter the well type and production status. Enter the status using the following codes: POW=Producing Oil Well, OSI=Oil Shut In, PGW=Producing Gas Well, GSI=Gas Shut In, WIW=Water Injection Well, GIW=Gas Injection Well, GLO=Gas Lift Oil, or CAP=Capacity.

Flowline Description:

Review the operator's paperwork and enter the unique identifier that the operator has assigned to the flowline.

Sign:

Visually inspect the well for a sign and enter a Y for yes, indicating that the well is identified as required, or N for No, that there is no identification of the well or that the sign does not meet the regulations.

Working Pressure of the Tree:

Visually inspect the wellhead for the stamped working pressure and enter the value.

Pressure Safety Valve:

If the well is equipped with a PSV, enter the value of the set pressure from the operator's records. If the PSV is inspected, enter the initially observed pressure setting. If the device fails to operate, enter 0. If the PSV has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Tubing Pressure Shut-in Pressure

Review the operator's records and enter the value of the latest shut-in tubing pressure.

Pressure Flowing:

Review the operator's records and enter the value of the current flowing tubing pressure. The inspector may request that operator personnel obtain a current flowing pressure if warranted.

Production Casing Pressure:

Review the operator's records and enter the value of latest pressure of the production casing. The inspector may request that operator personnel obtain a current pressure of the casing if warranted.

Flowline Sensor:

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Records:

PSH: Review the operator's monthly test records and enter the latest PSH setting in this column. If the PSH has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

PSL: Review the operator's monthly test records, enter the latest PSL setting in this column. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved API sac reference, this column may be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved API sac reference, this column may be left blank.

Surface Safety Valve:

In this column, enter the results of the SSV test. Enter H for Hold, indicating that the SSV has been tested and is not leaking, or L for Leaking and that the SSV does not meet the regulations. Additionally, review the operator's test records to ensure that testing has been conducted in accordance with 30 CFR 250.804 and API RP 14C.

Surface Safety Valve Second Valve in Vertical Run of the Wellbore:

Visually inspect the well for the location of the SSV; enter Y for Yes, the SSV is located as the second valve in the vertical run of the wellbore, or N for No, it is not the second valve located in the wellbore.

Flow Safety Valve Leak Test:

Visually inspect the well to ensure that an FSV is installed. Enter the results of the FSV test by entering H for Hold, indicating that the FSV has been tested and is not leaking more than allowable leakage rate as prescribed by 30 CFR 250.804, or L for Leaking when the FSV is leaking more than the allowable leakage rate. Additionally, review the operator's test records to ensure that testing has been conducted in accordance with 30 CFR 250.804 (a) (5). Note! Testing should be accomplished as prescribed in API RP 14C. It is suggested that a mechanical device be used when testing the FSV to determine the leakage rate. The operator's monthly test records should reflect the leakage rate and be provided to MMS representatives during their inspection.

Temperature Sensing Element:

Visually inspect the wellhead to verify that fusible plugs are installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Subsurface Safety Valve:

Review the operator's records to determine if the installed SSSV is surface controlled or subsurface controlled. Enter Y for Yes, it's surface controlled, or N for No, it's not surface controlled.

Make, Model and Type:

Review the operator's records and enter the make, model, and type subsurface safety valve installed.

Depth Set:

Review the operator's records and enter the value of the depth at which the safety value is set.

Date Subsurface Safety Valve Removed and/or Inspected:

Review the operator's inspection records to determine if the SSSV has been inspected as required by 30 CFR 250.804 (a) (1) (i) (ii) (iii) (iv) and that testing procedures contained in API RP 14B are being followed. In this column enter the date of the last inspection. If the SSSV is inspected by an MMS inspector, enter the date of that inspection. Note! Testing by a mechanical device is an acceptable alternative to those listed in API RP 14B, provided a written procedure has been established by the operator and the leakage rate is documented and provided to MMS during the inspection.

Landing Nipple:

Review the operator's inspection records to determine if the subsurface safety valve is set in a landing nipple. Enter a Y for Yes, it is set in the landing nipple, or an N for No, it is not set in the landing nipple.

Pressure and Atmospheric Vessels

Equipment Name:

Review the operator's inspection records and enter the names of the vessels as shown on the approved SAFE chart. While conducting the inspection on the physical portion of the facility, look for vessels that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of vessels.

Out of Service:

In this column, enter N for No as indication that the vessel is **not** of service, or Y for Yes, that the vessel is removed from service.

Working Pressure:

Review the operator's SAFE chart and enter the value of the MAWP of the vessel. Physically inspect each vessel to verify the stamped MAWP matches that of the approved SAFE chart.

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved API sac reference, this column should be left column blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved API sac reference, this column should be left column blank.

LSH: Witness the testing of the LSH and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device

has an approved sac alternate, enter the sac number in this column and verify that the sac reference is valid.

Oil LSL: Witness the testing of the LSL and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved API sac alternate, enter the sac number in this column and verify that the sac reference is valid.

H₂O LSL: Witness the testing of the LSL and enter the Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved API sac alternate, enter the sac number in this column and verify that the sac reference is valid.

Record Pressure Safety Valve:

Review the operator's monthly test records, and enter the latest PSV setting in this column. If the PSV has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0. If the PSV has an approved API sac reference, this column should be left blank.

Oil Flow Safety Valve:

Verify that the oil FSV is installed and enter Y for Yes, that the valve is installed, or N for No, indicating that the valve is not installed. If the device has an approved API sac alternate, enter the sac number in this column and verify that the sac reference is valid.

H₂O Flow Safety Valve:

Verify that the H₂O FSV is installed and enter Y for Yes, that the valve is installed, or N for No, indicating that the valve is not installed. If the device has an approved API sac alternate, enter the sac number in this column and verify that the sac reference is valid.

Gas Flow Safety Valve:

Verify that the gas FSV is installed and enter Y for Yes, that the valve is installed, or N for No, indicating that the valve is not installed. If the device has an approved API sac alternate, enter the sac number in this column and verify that the sac reference is valid.

Temperature Sensor High:

Enter the initially observed value of the TSH if the sensor can be checked without destructing; otherwise, review the operator's test records and enter the set temperature.

Flame Arrestor:

Verify that a flame arrestor is installed on the vent lines of atmospheric pressure vessels. Enter Y for Yes, if a flame arrestor is installed or N for No, that a flame arrestor is not installed.

Discharges to Flare:

Inspect the vessel to verify if the gas goes to flare. Enter Y for Yes that it goes to flare, or N for No, it does not go to flare.

Temperature Sensing Element:

Visually inspect each vessel to verify that fusible plugs have been installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Headers

Header System:

Review the operator's inspection records and enter the names of each header system as shown on the approved SAFE chart. While conducting the physical portion of the facility, enter each header that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of the header system.

Out of Service:

In this column enter N for No, as indication that the header system is **not** out of service, or Y for Yes, that the header system is removed from service.

Working Pressure:

Review the operator's SAFE chart and enter the value of the MAWP of the header system. Visually inspect each header log to verify the stamped MAWP matches that of the approved SAFE chart, and enter the value of the MAWP in this column.

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved API sac reference, this column should be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved API sac reference, this column should be left blank.

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0. If the PSV has an approved API sac reference, this column should be left blank.

Temperature Sensing Element:

Visually inspect each header to verify that fusible plugs have been installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Fired Vessels

Vessel Number / Name:

Review the operator's inspection records and enter the names of each fired vessel as shown on the approved SAFE chart. While conducting the physical portion of the inspection, enter those fired vessels that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of the fired vessel.

Out of Service:

In this column, enter N for No as indication that the header is **not** of service, or Y for Yes, that the header is removed from service.

Fuel Supply:

Records:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved API sac reference, this column should be left blank..

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved API sac reference, this column should be left blank.

Shutdown Valve:

Verify that the SDV is installed and operational according to API RP 14C.

Heaters:

Stack Flame Out:

Temperature Safety High: Review the operator's records and enter the value of the set temperature of the TSH or the appropriate API sac reference. Verify upon inspection of the facility that the TSH is installed and operational. If the TSH has an approved API sac reference, enter the sac reference and verify.

Burner Safety Low/Temperature Safety Low: Review the operator's records for the installation of a BSL/TSL. Verify upon inspection of the vessel that the BSL/ TSL is installed and operational. Enter Y for Yes, a BSL/TSL is installed and operational, or N for No, the device is not installed or operational.

Level Safety Low: Review the operator's records for the installation of an LSL and witness the testing of the LSL upon the inspection of the vessel and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly.

Natural Draft:

Flame Arrestor:

Verify during the inspection of the vessel that the fire chamber is equipped with a flame arrestor. Enter Y for Yes, that the fire chamber is equipped with a flame arrestor, N for No, that the fire chamber is not equipped with a flame arrestor, or enter the appropriate SAC reference from the operator's approved SAFE chart and verify the SAC reference.

Stack Arrestor:

Verify during the inspection of the vessel that the stack is equipped with a stack arrestor. Enter Y for Yes, that the stack is equipped with a stack arrestor, or N for No, that the stack is not equipped with a stack arrestor, or enter the appropriate SAC reference from the operator's approved SAFE chart and verify the SAC reference.

Temperature Safety Element:

Visually inspect each fired component to verify that fusible plugs have been installed as per API RP 14C. Enter in this column a Y for Yes, indicating that TSE's have been installed as per API RP 14C, or N for No, indicating that no TSE's have been installed or that coverage is not adequate.

Air Intake on Forced Draft:

Record Pressure Safety Low: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test of Pressure Safety Low: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the device is sac'ed out, this column may be left blank.

Motor Interlock:

Review the operator's monthly test records to verify if the operator has inspected the device, witness the operation of the motor interlock, and enter Y for Yes if the

device is operational. Enter N for No if the device is not installed or operational. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Shell/Tube:

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0. If the PSV has an approved API sac reference, this column should be left blank.

Flow Safety Low:

Review the operator's test records to verify if the operator has inspected the FSL annually as required. Enter Y for Yes if the device is installed and operable. Enter N for No if the device is not installed or operable. If the FSL has an approved API sac reference, enter the sac reference in this column and verify that the sac is valid.

Compressors

Equipment Name:

Review the operator's inspection records and enter the names of the components as shown on the approved SAFE chart. While conducting an inspection on the physical portion of the facility, look for components that may not be listed on the inspection form. Using the unique identifier from the SAFE chart is not mandatory. However, the identifier simplifies the identification of components.

Out of Service:

In this column enter N for No as indication that the vessel is **not** out of service or Y for Yes, that the vessel is removed from service.

Working Pressure:

Review the operator's SAFE chart and enter the value of the MAWP of the vessel. During the physical portion of the inspection, verify the MAWP and enter the value of the MAWP in this column.

Operating Range:

High: Verify from the operator's current range charts the highest operating range and enter that value in this column.

Low: Verify from the operator's current range charts the lowest operating range and enter that value in this column.

Record:

PSH: Review the operator's monthly test records, and enter the latest PSH setting in this column. If the PSH has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

PSL: Review the operator's monthly test records, and enter the latest PSL setting in this column. If the PSL has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test:

PSH: Witness the testing of the PSH and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSH has an approved API sac reference, this column should be left blank.

PSL: Witness the testing of the PSL and enter the value of the initially observed setting. If the device fails to operate, enter 0. If the PSL has an approved API sac reference, this column should be left blank.

Operable Level Safety High/Low:

LSH: Witness the testing of the LSH and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved sac alternate, verify that the sac reference is valid.

LSL: Witness the testing of the LSL and enter Y for Yes, that the device activated properly, or N for No, the device did not operate properly. If the device has an approved API sac alternate, enter the sac number in this column and verify that the sac reference is valid.

Record Pressure Safety Valve:

Review the operator's monthly test records and enter the latest PSV setting in this column. If the PSV has an approved API sac reference, enter the sac reference in this column. Also, verify that the sac reference is valid.

Test Pressure Safety Valve:

Witness the activation of the PSV and enter the initially observed value in this column. If the device fails to operate, enter 0000. If the PSV has an approved API sac reference, this column should be left blank.

Blowdown Valve:

If compressor driver is 1,000 hp or more, review the operator's records to ensure that the operator has inspected the device. Witness the operation of the BDV upon activation of the ESD system. Enter Y for Yes if device is operational. Enter N for No if the device is not installed or operational.

Suction Shutdown Valve:

Review the operator's records to verify that the operator has tested the compressor's suction intake lines SDV. Witness the operation of the SDV upon activation of the ESD system. Enter Y for Yes if device is operational. Enter N for No if the device is not installed or operational.

Fuel Shutdown Valve:

Review the operator's records to verify that the operator has tested the compressor engine's fuel intake line SDV. Witness the operation of the SDV upon activation of the ESD system. Enter Y for Yes if the device is operational. Enter N for No if the device is not installed or operational.

Temperature Sensor High:

Review the operator's records to verify that the TSH is being inspected as required. Test the TSH if the sensor can be checked without destructing; otherwise enter Y for Yes if the device is operational. Enter N for No if the device is not installed or operational.

Liquid Flow Safety Valve:

Review the operator's approved SAFE chart for the location of the FSV. Upon inspection of the compressor, verify that the device is installed as approved.

Requires a visual inspection only. Enter Y for Yes if the device is installed and operational. Enter N for No if the device is not installed or inoperable.

Discharge Flow Safety Valve:

Review the operator's approved SAFE chart for the location of the FSV. Upon inspection of the compressor discharge, verify that the device is installed as approved. Requires a visual inspection only. Enter Y for Yes if the device is

installed and operational. Enter N for No if the device is not installed.

Meters

Facility Measurement Point Number:

Review operator's records and record the federal measurement point number that has been assigned by MMS. Confirm that the number matches that in the TIMS database.

Out of Service:

In this column enter N for No as indication that the meter is **not** out of service or Y for Yes, that the meter is removed from service.

Location Name:

Enter the area, block, and platform letter designation of the facility on which the meter is physically located. Verify that it coincides with that in the database.

Serial Number:

Review the operator's records for the serial number of the meter. Verify the number with that listed in the database to ensure proper approval of the meter has been obtained.

Discrepancies:

After reviewing the records and inspecting the meter, enter Y for Yes, there are discrepancies, or N for No, there are no discrepancies of the meter. If discrepancies of any type are detected, complete the discrepancy form and submit it to the Rate Control Section.

Meter type:

Enter the meter type that is, gas, oil, allocation, act (pos), or orifice.

Meter Make:

Enter the meter make and confirm that it is the make approved and entered into the database. Inspect the meter; verify the make also.

Meter Size:

Review the operator's records and enter the size in inches in this column. Review the approval to ensure that it is the size approved. Inspect the meter to verify the size, in that it is the same size as approved.

Recorder Type:

Review the operator's records and enter the type recorder and verify the MMS approval. Inspect the recorder to verify if the recorder in place has been approved.

Recorder Make:

Review the operator's records along with the MMS approval and enter the make of recorder. Inspect the recorder and verify that it is the approved make. Enter the make of recorder in this column.

Site Security:

Upon completion of the site security inspection, enter Y for Yes, site security inspection has been performed, or N for No, a site security inspection has not been performed.

Witness Proving:

If you have witnessed a proving of the meter/s, enter Y for Yes, proving has been witnessed, or N for No, indicating no witnessing of the meter proving has been performed.

Copy of Calibrated Proving:

After completion of the proving, signify if a copy of the proving has been obtained by entering Y for Yes, or N for No, indicating that a copy has not been obtained.

Seals and records:

Review the operator's records to ensure that the operator has sealed the meter as required and recorded the seal numbers. Inspect the meter to verify that the meter seals are secured and recorded as indicated in the operator's records.

Bypass:

Inspect the meter/s and all associated piping to ensure that no bypasses have been installed around the meter. Enter N for No, indicating that no bypasses have been installed, or Y for Yes, indicating that a bypass(es) have been detected.

Sampler:

Inspect the metering station to verify that a sampler has been installed and is operational. Enter Y for Yes, that a sampler is installed, or N for No, indicating it that is not installed or operational.

Tank Required:

Upon inspection of facility, if a royalty tank is being used, verify that approval has been obtained from the MMS. Enter Y for Yes, a tank is being used, or N for No, a tank is not being used.

Flare Records:

Review the operator's records to verify that the operator is maintaining flare records as required. Enter Y for Yes, that records are maintained, or N for No, that flaring records are not maintained.

Water Draw Date:

Review the operator's records to verify that each mechanical displacement prover, prover tank, or other type of prover is traceable to test measures that have been certified by the National Institute of Standards and Technology. Enter the latest Water Draw Date. Each prover must be calibrated at least once every 5 years.

PINC Inspection Items

If a Sample Inspection form is generated for the purpose of a Sample Inspection, a selected PINC list will be generated listing those PINC's to be inspected. The selected PINC's should be reviewed and completed following the National PINC list guidelines book.

Civil Penalty Review Information

This page is completed after the completion of the inspection and collects all data that may be needed to conduct a compliance review.

Regulation:

Enter the regulation number and reference that are appropriate for the violation.

Operation Type:

Enter the type operation that was being conducted during the violation. Select the abbreviated code from the key on the lower section of the page.

Violation Type:

Enter the type violation code that was detected during the inspection, using the key on the lower section of the page.

Start Date:

Enter the date that the violation initially occurred.

End Date:

Enter the date that the violation either stopped or the date that operations were shut in by MMS.

Rationale:

List all rationale that may be appropriate for the review process.

Inspection Summary

This Inspection Summary page is intended for the operator and therefore should be completed immediately upon completion of the inspection and left with the operator.

Type Inspection:

Enter the type inspection that was conducted. Verify that the type inspection entered here matches that of the Summary/Enforcement page of the inspection form found on page 4.

Number of Components Inspected:

Enter the number of components that were inspected.

Number of INC's Written:

Enter the number of INC's that were issued during the inspection.

Inspector's Name:

Enter the name of each inspector who assisted in the inspection.

Code:

Enter each inspector's number.

PINC List

When an initial or complete inspection is being conducted, the PINC list should be completed. This PINC list assists the inspector in ensuring that all related safety devices, components, non-components, and records have been inspected or reviewed for compliance. It also guides the inspector when a noncompliance is detected. Additionally, it directs the inspector on proper inspection procedures. This PINC list should be completed by using the National PINC list guidelines.

**MINERALS MANAGEMENT SERVICE
PRODUCTION INSPECTION PINC LIST
MANNED AND UNMANNED MAJOR OR MINOR PLATFORMS
ANNOUNCED AND UNANNOUNCED INSPECTIONS
(EFFECTIVE JANUARY 2001)**

DISTRICT _____ COMPLEX _____ DATE OF INSP: ____ / ____ / ____ TYPE INSP: PRIMARY
SECONDARY

ENFORCEMENT ACTION

INC#	IDENTIFICATION	CODE	#CK	#Y	#N	#N/A
G-100	Is the facility identified as required? (w/operator, area, block, and platform; with heliport 12" and others 3" lettering - one sign side or corner) CFR 250.115(a)	W	1			
OPERATIONS						
G-110	Does the lessee perform all operations in a safe and workmanlike manner, and provide for the preservation and conservation of property and the environment? CFR 250.120(a)	W/C/S	1			
G-111	Does the lessee maintain all equipment in a safe condition to provide for the protection of the lease and associated facilities? CFR 250.120(a)	W/C/S	1			
G-112	Does the lessee provide for the safety of all personnel and take all necessary precautions to correct and remove any hazardous oil and gas accumulation or other health, safety, or fire hazards? CFR 250.120(b)	W/C/S	1			
G-114	<u>Are operations conducted in accordance with the following:</u> Lease stipulations? CFR 250.104(b)	W/C/S	1			
G-115	Are operations conducted in accordance with approved applications? CFR 250. 802, 414(a), 1202(a)(1) (SAFE Chart & Flow Diagram)	W/C/S	1			
P-100	Are the pressure-recorder charts used to determine the current operating pressure ranges, maintained at the lessee's nearest OCS field office? CFR 250.803(b)(1)(iii), 803(b)(2)(i)	W	1			
P-101	Do all safety shutdown devices, valves, and pressure sensors, function in a manual reset mode? CFR 250.803(b)(3)	C				
P-103	Is each surface or subsurface safety device, which is bypassed or blocked out of service, out of service due to start-up, testing, or maintenance and is flagged and monitored by personnel? CFR 250.803(c)(1), 1004(c)	W/C				
P-105	Is each open-ended line connected to producing facilities and wells plugged or blind-flanged? CFR 250.803(c)(4)	W/C				
P-106	Is each person operating the platform or engaged in installing, inspecting, testing, and maintaining safety devices qualified, and is a record of this qualification maintained in the field office? CFR 250.805, 1504	W/C	1			
ENGINES						
G-150	Is exhaust piping from each diesel engine equipped with spark arrestors? CFR 250.803(b)(5)(i), 402(b)	C				
G-152	Is each hot surface including engine exhaust equipped to comply with the insulation and personnel protection requirements of API RP 14C, section 4.2c(3) and (4)? (160 degrees/personnel, 400 degrees/liquids, and 900 degrees/gas) CFR 250.803(b)(5)(i)	C				
G-153	Are all engines with electrical ignition systems equipped with a low-tension ignition system? CFR 250.403(a)	C				
G-155	Are diesel engines, which are continuously attended, equipped with either remote-operated manual or automatic air intake shutdown devices? CFR 250.401(b)(2), 510, 610, 803(b)(5)(ii)	C				
G-156	Are diesel engines, which are not continuously attended, equipped with automatic air intake shutdown devices? CFR 250.401(b)(2), 510, 610, 803(b)(5)(ii)	C				
ELECTRICAL						
G-231	Are all electrical installations made in accordance with API RP 500 and API RP 14F, except Sections 7.4 and 9.4? CFR 250.403(c)	W/C/S	1			
MARKING OF EQUIPMENT						
G-250	Are all loose materials, small tools, and other small objects, kept in a storage area or a marked container when not in use? CFR 250.300(c)(1)	W	1			
G-251	Are skid mounted equipment, portable containers, spools, or reels, and drums clearly marked with the owner's name durable enough to resist the effects of the environmental conditions. CFR 250.300(c)(3), 300(c)(4)	W	1			

LEGEND:

W - Warning
C - Component or Well Shut-In
S - Structure Shut-In

INC#	POLLUTION	CODE	#CK	#Y	#N	#N/A
E-100	Is the lessee preventing pollution of offshore waters? CFR 250.300(a)	W/C/S	1			
E-101	Is the lessee disposing of drill cuttings, sand, and other well solids as approved? CFR 250.300(b)(2)	C/S	1			
E-102	Is the facility equipped with the curbs, gutters and drip pans necessary to collect all contaminants not authorized for discharge? CFR 250.300(b)(4)	W/C/S	1			
E-103	Is each drain piped to a sump system that automatically maintains the oil at a level to prevent discharge of oil into offshore waters? CFR 250.300(b)(4)	W/C/S	1			
E-105	Are all gravity drains equipped with a water trap or other means to prevent gas in the sump system from escaping through the drains? CFR 250.300(b)(4), 417(m)(14)	W/C/S	1			
E-106	Are sump piles not used as processing devices? CFR 250.300(b)(4)	C				
E-108	Is the lessee preventing the disposal of equipment, cables, chains, containers, and other materials into offshore waters? CFR 250.300(b)(6)	W/S	1			
E-120	Are records of daily pollution inspection maintained at the facility or at a nearby manned facility for two years? CFR 250.301(a)	W	1			
FIREWATER SYSTEM						
P-130	Is an operable firewater system consisting of rigid pipe with fire hose stations or fixed firewater monitors installed or is an operable chemical system approved by the District Supervisor installed to provide protection in all areas where production-handling equipment is located? CFR 250.803(b)(8)(i)	S				
P-131	Is a fixed waterspray system installed in enclosed well-bay areas where hydrocarbon vapors may accumulate? CFR 250.803(b)(8)(i)	S				
P-132	Is fuel or power for firewater pump drivers available for at least 30 minutes of run time during a platform shut-in? CFR 250.803(b)(8)(ii)	S				
P-133	Is a diagram of the firefighting system showing the location of all firefighting equipment posted in a prominent place on the facility? CFR 250.803(b)(8)(iv)	W	1			
GAS-DETECTION SYSTEM						
P-150	Does continuously monitoring gas-detection systems installed in all inadequately ventilated, enclosed classified areas signal an alarm at no greater than 25% LEL and initiate a shut-in sequence (manual-reset-type) when levels reach no more than 60% LEL? CFR 250.803(b)(9)(i) and (ii)	W/C				
P-153	Is a fuel-gas odorant or an automatic gas-detection and alarm system installed in enclosed, continuously manned areas of the facility which are provided with fuel gas? CFR 250.803(b)(9)(iii)	W/C				
P-155	Is each combustible gas-detection system tested for operation and recalibrated at least once every 3 months? CFR 250.804(a)(8)	W/C				
FIRE-DETECTION SYSTEM						
P-170	Are continuous monitoring systems with the manual reset type fire (flame, heat, or smoke) sensors installed in all enclosed classified areas? CFR 250.803(b)(9)	W/C				
P-175	Does the fire-loop system and other fire detection devices initiate surface and subsurface shut-in? CFR 250.801(i), 802(b), 803(b)(4)(ii)	S				
P-176	Is each fire-detection system tested for operation and recalibrated at least once every 3 months? CFR 250.804(a)(8)	W/C				
P-177	Are open flame or devices operating at temperatures which could ignite a methane-air mixture not used for testing? CFR 250.804(a)(8)	C	1			
FUSIBLE MATERIAL						
P-200	Are TSEs located where specified by Table C1 of API RP 14C for: Wellheads? (one for each wellhead) CFR 250.802(b)	C				
P-201	Headers? (one for each 10-feet) CFR 250.802(b)	C				
P-202	Pressure vessels? (vertical: one for each 12-inch OD; horizontal: one for each 5-feet of length) CFR 250.802(b)	C				
P-203	Atmospheric vessels? (inlet, outlet, hatch) CFR 250.802(b)	C				
P-204	Fired vessels and exhaust heated components? (same as pressure vessels plus flame arrestor) CFR 250.802(b)	C				
P-205	Heat Exchangers? (one for each end of exchanger) CFR 250.802(b)	C				
P-206	Pumps? (one for each rod packing/box plus prime mover carburetor/fuel injection valve) CFR 250.802(b); 1004(b)(9)	C				
P-207	Compressors? (one for each cylinder/turbine case plus prime mover) CFR 250.802(b)	C				
P-208	Engines? (one for each carburetor/fuel injection valve; pump supplying or each 5-feet of	C				

length) CFR 250.802(b)					
-------------------------------	--	--	--	--	--

INC#	ESD SYSTEM	CODE	#CK	#Y	#N	#N/A
P-231	Is an operable ESD station located: At each helicopter deck? CFR 250.803(b)(4)	S				
P-232	At each exit stairway landing at each deck level? (one ESD station at either the top or bottom of the stairway) CFR 250.803(b)(4)	S				
P-233	At each boat landing? (may use fusible/synthetic tubing) CFR 250.803(b)(4)	S				
P-234	At the center or each end of a bridge connecting two platforms? CFR 250.803(b)(4)	S				
P-235	At each emergency evacuation station? CFR 250.803(b)(4)	S				
P-236	Near the driller's console during drilling, workover, and completion operations? (located on the drillers console or workstation) CFR 250.803(b)(4), 603, 503, 401(h)	S				
P-237	Near the main exits of living quarters? CFR 250.803(b)(4)	S				
P-238	Is a schematic of the ESD system maintained on the facility or at the lessee's nearest OCS field office? CFR 250.803(b)(4)(iii)	W	1			
P-239	Is the ESD system equipped with manually operated quick-opening and nonrestricted valves? CFR 250.803(b)(4)(i)	S				
P-240	Does activation of an ESD or automatic detection of an abnormal condition initiate shut down of wells and other process components within 45 seconds? CFR 250.803(b)(4)	C				
P-241	Does the SCSSV close within 2 minutes after the ESD shut-in signal has closed the SSV? CFR 250.803(b)(4)(ii), 801(i)	C				
P-242	Is each ESD system: Tested for operation at least once each month, but at no time shall more than 6 weeks elapse between test and repaired or replaced if found to be defective? CFR 250.804(a)(10)	W/C				
P-243	Test conducted by alternating ESD stations monthly to close at least one wellhead SSV and verify surface-controlled SSSV closure for that well as indicated by control circuitry actuation? CFR 250.804(a)(10)	W/S				
SURFACE SAFETY DEVICE RECORDS						
P-300	Is each pump, for a firewater system tested for operation at least once each week and repaired or replaced if found defective? CFR 250.804(a)(7)	W/S				
P-301	Is each of the following devices tested for operation at least once each month with no more than six weeks elapsing between tests, and repaired or replaced if found defective: PSH? (set no higher than 15 percent above the operating range; within 5 percent test tolerance high and below the MAOP) CFR 250.804(a)(3)(i)	W/C	1			
P-302	PSL? (set no lower than 15 percent below the operating range and within 5 percent test tolerance low) CFR 250.804(a)(3)(I)	W/C	1			
P-303	LSH? (tested by raising liquid level across level-control detector) CFR 250.804(a)(3)(ii)	W/C	1			
P-304	LSL? (tested by lowering liquid level across level-control detector) CFR 250.804(a)(3)(ii)	W/C	1			
P-305	Each automatic inlet and liquid discharge SDV? (actuate to 3/4 closed position) CFR 250.804(a)(3)(iii)	W/C	1			
P-307	SSV/USV? ("0" leakage) CFR 250.804(a)(4)	W/C	1			
P-308	FSV? (final flowline segment 200 cc/min. or 5 cubic feet/min.) CFR 250.804(a)(5)	W/C	1			
P-309	Is each TSH on compressor installations tested for operation at least once every 6 months and repaired or replaced if found defective? CFR 250.804(a)(6)	W/C	1			
P-310	Is each of the following devices tested for operation at least once every 12 months and repaired or replaced if found defective: TSH on non-compressor installations? CFR 250.804(a)(9)	W/C	1			
P-311	BSL? CFR 250.804(a)(9)	W/C	1			
P-312	FSL? CFR 250.804(a)(9)	W/C	1			
P-313	PSV? (set no higher than the maximum working pressure) CFR 250.804(a)(2)	W/C	1			
G-253	Are all materials, equipment, tools, containers, and other items that are lost overboard recorded on the facility's daily operations report? CFR 250.300(d)	W	1			
P-320	Does the lessee maintain records, for a period of 2 years at the lessee's nearest OCS field office, for each subsurface and surface safety device installed? CFR 250.804(b)	W	1			
SUBSURFACE SAFETY DEVICE RECORDS						
P-260	Are all tubing installations open to a hydrocarbon-bearing zone which is capable of natural flow equipped with a surface-controlled SSSV? CFR 250.801(c)	C				
P-261	Are new completions (perforated but not placed on production) and completions shut-in for a period of more than 6 months equipped with either (1) a pump-through-type tubing plug; or (2) a surface-controlled SSSV, with the surface control rendered inoperative? CFR 250.801(f)	W				

P-262	Is a surface-controlled SSSV or an injection valve capable of preventing backflow installed in each injection well? CFR 250.801(g)	C				
P-263	Is a subsurface safety device installed at a depth of 100 feet or more below the seafloor within 2 days after production is established? CFR 250.801(e)(1)	W/C				

INC#	SUBSURFACE SAFETY DEVICE RECORDS (continued)	CODE	#CK	#Y	#N	#N/A
P-264	If the SSSV is removed and the zone is open to flow, is flowing necessary for the operations being conducted? CFR 250.801(e)(3)	W/C				
P-265	Is a person in the immediate vicinity of the well, if the <u>master valve</u> is open and the subsurface safety device is not installed? CFR 250.801(e)(2), 801(h)(2), 801(h)(3)	C	1			
P-267	Are all tubing installations, in which a wireline- or pumpdown-retrievable subsurface safety device is installed, equipped with a landing nipple with flow couplings or other protective equipment above and below, to provide for the setting of the SSSV? CFR 250.801(i)	C				
P-268	Does each surface-controlled and subsurface-controlled SSSV, and safety valve lock and landing nipple conform to the certification requirements in 250.126? CFR 250.801(b)	C				
P-269	When the subsurface safety device has been removed: For 15 days or more, has MMS approval been given? CFR 250.801(h)(1)	W/C				
P-270	Is the well identified by a sign on the wellhead stating that the subsurface safety device has been removed? CFR 250.801(h)(2)	C				
P-280	Is each SCSSV tested when installed or reinstalled and at intervals not exceeding 6 months and removed, repaired, and reinstalled or replaced if it does not operate properly? CFR 250.804(a)(1)(i)	W/C				
P-281	Is each SSCSV removed, inspected, repaired or adjusted, and reinstalled or replaced, at intervals not exceeding 6 months for those valves not installed in a landing nipple and 12 months for those valves installed in a landing nipple? CFR 250.804(a)(1)(ii)	W/C				
P-283	Is each tubing plug installed in a well inspected for leakage at intervals not exceeding 6 months and removed, repaired, and reinstalled or replaced if it leaks? CFR 250.804(a)(1)(iii)	W				
P-284	Is each injection valve installed in a well inspected for leakage at intervals not exceeding 6 months and removed, repaired, and reinstalled or replaced if it leaks? CFR 250.804(a)(1)(iv)	W				

WELLHEAD AND FLOWLINES

G-101	Is each completion identified as required at the wellhead? (OCS Lease and Well Number) CFR 250.115(b)	W				
P-402	Is the PSH on each flowline segment set no higher than 15 percent or 5 psi, whichever is greater, above the highest pressure in the operating range; within 5 percent test tolerance high and below the SITP or Gas-Lift supply pressure? CFR 250.803(b)(2)(i)	C				
P-404	Is the PSL on each flowline segment set no lower than 15 percent or 5 psi, whichever is greater, below the lowest pressure in the operating range and within 5 percent test tolerance low? CFR 250.803(b)(2)(i)	C				
P-405	If the maximum allowable WP of the flowline is less than the SITP, is the PSV, or additional SSV, activated by an independent PSH, installed? CFR 250.803(b)(2)(ii)	C				
P-406	Is an operable FSV installed in the final flowline segment? (200 cc/min. or 5 cubic feet/min.) CFR 250.802(b)	C				
P-407	Does the wellhead, tree, and related equipment have a pressure rating greater than the SITP? CFR 250.517(d), 617(d)	C				
P-408	Does each wellhead SSV or USV and its actuator, conform to the certification requirements in 250.126? CFR 250.806(b)(1)	C				
P-410	Has the wellhead been equipped so that all annuli can be monitored for sustained pressure? CFR 250.517(c), 617(c)	W				
P-411	If sustained casing pressure is observed, has the lessee notified the District Supervisor? CFR 250.517(c), 617(c)	W				
P-412	Is each wellhead completion equipped with an operable SSV/USV located above the master valve in the vertical run of the tree? ("0" leakage) CFR 250.517(d), 517(e), 617(d)	C				

NON-PIPELINE PUMPS

P-340	Is each non-pipeline pump equipped with an operable: PSH? (set no higher than 15 percent above the operating range; within 5 percent test tolerance high and below the MAOP) CFR 250.802(b)	C				
P-341	PSL? (set no lower than 15 percent below the operating range and within 5 percent test tolerance low) CFR 250.802(b)	C				
P-343	FSV? CFR 250.802(b)	C				
P-344	Is each Glycol powered Glycol Pump equipped with a SDV? (actuate to 3/4 closed position and installed as near the contactor as possible) CFR 250.802(b)	C				

PIPELINE PUMPS

L-102	Is each pipeline pump equipped with an: Operable PSV? (set no higher than the maximum allowable operating pressure (MAOP)) CFR 250.1004(b)(9)	C				
L-103	Operable SDV? (actuate to 3/4 closed position and installed in the suction line as near the	C				

	storage component as possible) CFR 250.1004(b)(9)					
L-104	FSV? CFR 250.1004(b)(9)	C				
L-106	Is each PSH on each pipeline pump set no higher than 15 percent above the highest pressure in the operating range and below the pipeline's MAOP? CFR 250.1004(b)(9)	C				
L-107	Is each PSL on each pipeline pump set no lower than 15 percent below the lowest pressure in the operating range? CFR 250.1004(b)(9)	C				

<u>INC#</u>	<u>PIPELINES</u>	<u>CODE</u>	<u>#CK</u>	<u>#Y</u>	<u>#N</u>	<u>#N/A</u>
L-108	Are incoming pipelines to a platform equipped with an FSV? CFR 250.1004(b)(1)	C				
L-109	Is each incoming, crossing, and bidirectional pipeline equipped with a SDV immediately upon boarding the platform? (actuate to 3/4 closed position) CFR 250.1004(b)(2), 1004(b)(4), 1004(b)(8)	C				
L-112	Is each PSH on each departing, crossing, or bidirectional pipeline set no higher than 15 percent above the highest pressure in the operating range and below the pipeline's MAOP? CFR 250.1004(b)(3), 1004(b)(4), 1004(b)(8)	C				
L-113	Is each PSL on each departing, crossing, or bidirectional pipeline set no lower than 15 percent below the lowest pressure in the operating range? CFR 250.1004(b)(3), 1004(b)(4), 1004(b)(8)	C				
L-114	Does the setting at which the PSV activates not exceed the pipeline's MAOP? CFR 250.1002(d)	C				
L-121	Are pipeline risers installed after April 1, 1988, protected from physical damage that could result from contact with floating vessels? CFR 250.1003(a)(4)	W/C				
L-122	Are pipelines taken out of service, blind flanged or isolated with a closed block valve? CFR 250.1006(b)(1)	W				
L-123	Are pipelines taken out-of-service for a period of more than 1 year, flushed and filled with inhibited seawater? CFR 250.1006(b)(2)	W				
GAS LIFT AND INJECTION LINES						
P-361	Is each wellhead injection line and gas-lift line equipped with a: PSH? (set no higher than 15 percent above the operating range; within 5 percent test tolerance high and below the MAOP) CFR 250.802(b)	C				
P-362	PSL? (set no lower than 15 percent below the operating range and within 5 percent test tolerance low) CFR 250.802(b)	C				
P-364	FSV? CFR 250.802(b), 1004(b)(7)	C				
HEADERS						
P-380	Is each header equipped with a: PSH? (set no higher than 15 percent above the operating range; within 5 percent test tolerance high and below the MAWP) CFR 250.802(b)	C				
P-381	PSL? (set no lower than 15 percent below the operating range and within 5 percent test tolerance low) CFR 250.802(b)	C				
PRESSURE VESSELS						
P-422	Is each pressure vessel equipped with a: Operable LSH? (tested by raising liquid level across level-control detector) CFR 250.802(b)	C				
P-423	Operable LSL (oil)? (tested by lowering liquid level across level-control detector) CFR 250.802(b)	C				
P-424	Operable LSL (water)? (tested by lowering liquid level across level-control detector) CFR 250.802(b)	C				
P-426	FSV (oil)? CFR 250.802(b)	C				
P-427	FSV (water)? CFR 250.802(b)	C				
P-428	FSV (gas)? CFR 250.802(b)	C				
P-430	Are pressure and fired vessels code stamped in accordance with the ASME Boiler and Pressure Vessel Code? CFR 250.803(b)(1)	C				
P-431	Is the PSH on each pressure vessel set no higher than 15 percent or 5 psi, whichever is greater, above the highest pressure in the operating range; within 5 percent test tolerance high and at least 5 percent or 5 psi, whichever is greater, below the PSV's activation pressure? CFR 250.803(b)(1)(iii)	C				
P-433	Is the PSL on each pressure vessel set no lower than 15 percent or 5 psi, whichever is greater, below the lowest pressure in the operating range and within 5 percent test tolerance low? CFR 250.803(b)(1)(iii)	C				
PRESSURE RELIEF VALVES						
P-451	Is each required PSV set no higher than the maximum allowable working pressure? CFR 250.803(b)(1)(i)	C				
P-452	Is each PSV and vent piped in such a way as to prevent fluid from striking personnel or ignition sources? CFR 250.803(b)(1)(i), 803(b)(6)	C				

ATMOSPHERIC VESSELS

P-470	Is each atmospheric vessel equipped with an operable: LSH? (tested by raising the liquid level across level-control detector) CFR 250.802(b)	C				
P-471	LSL? (water) (tested by lowering liquid level across level-control detector)? CFR 250.802(b)	C				
P-472	LSL? (oil) (tested by lowering liquid level across level-control detector) CFR 250.802(b)	C				
P-474	PSV and a vent or 2 independent vents? (PSV set no higher than the maximum working pressure) CFR 250.802(b)	C				
P-475	Flame arrestor on vent(s)? CFR 250.802(b)	C				

INC#	COMPRESSORS	CODE	#CK	#Y	#N	#N/A
P-562	Is each compressor suction and interstage scrubber equipped with an operable: LSH? (tested by raising the liquid level across level-control detector) CFR 250.803(b)(7)(i)	C				
P-563	LSL? (tested by lowering liquid level across level-control detector) CFR 250.803(b)(7)(i)	C				
P-567	Is each final stage discharge equipped with a: FSV outside of building? CFR 250.802(b)	C				
P-569	BDV for all installations 1,000 HP or greater? (fail safe-normally open) CFR 250.803(b)(7)(iv)	C				
P-570	Is each Compressor Discharge Cylinder protected by a TSH? CFR 250.803(b)(7)(ii)	C				
P-571	Do the automatic SDVs installed in compressor suction and fuel gas piping (actuated by the PSH, PSL, and LSH installed on the compressor suction and interstage scrubbers) allow each compressor unit and associated vessels to be isolated from all input sources? (actuate to full closed position) CFR 250.803(b)(7)(iii)	C				
P-572	Is each automatic SDV installed in compressor suction and fuel gas piping also actuated by the shutdown of the prime mover? (actuate to closed position) CFR 250.803(b)(7)(iii)	C				
P-573	Is gas-well gas, affected by the closure of the automatic SDV on the compressor suction, either diverted to the pipeline or shut-in at the wellhead? CFR 250.803(b)(7)(iii)	C				
P-574	Is the PSH on each compressor suction, interstage scrubber and final stage discharge set no higher than 15 percent or 5 psi, whichever is greater, above the highest pressure in the operating range; within 5 percent or 5 psi, whichever is greater below the PSV's activation pressure? CFR 250.803(b)(1)(iii)	C				
P-576	Is the PSL on each compressor suction, interstage scrubber and final stage discharge set no lower than 15 percent or 5 psi, whichever is greater, below the lowest pressure in the operating range and within 5 percent test tolerance low? CFR 250.803(b)(1)(iii)	C				

FIRED AND HEATED COMPONENTS

P-520	Is each fired-component fuel supply equipped with an: Operable PSH? (set no higher than 15 percent above the operating range plus 5 percent test tolerance and below the MAOP) CFR 250.802(b)	C				
P-521	Operable SDV? (actuate to closed position) CFR 250.802(b)	C				
P-522	Is each fired component equipped with an operable TSL or BSL in the fire chamber? CFR 250.802(b)	C				
P-523	Is each fired or exhaust heated component equipped with a TSH in the stack? CFR 250.802(b)	C				
P-524	Is each fired or exhaust heated component equipped with an: Operable TSH in the exhaust stack and in the medium or process fluid? CFR 250.802(b)	C				
P-525	Operable LSL in the medium or process fluid? (tested by lowering liquid level across level-control detector) CFR 250.802(b)	C				
P-526	Is each natural draft-fired component equipped with a: Intake flame arrestor? CFR 250.802(b)	C				
P-527	Stack-arrestor? CFR 250.802(b)	C				
P-528	Is each forced-draft fired component equipped with an operable: PSL in air intake? CFR 250.802(b)	C				
P-529	PSL in fuel supply line? CFR 250.802(b)	C				
P-530	Motor starter interlock? CFR 250.802(b)	C				
P-531	Is each direct fired tube-type component equipped with: An operable FSL in the medium or process fluid outlet downstream of the FSV when it is combustible? CFR 250.802(b)	C				
P-532	A FSV in each medium outlet piping? CFR 250.802(b)	C				
P-533	An operable PSV in each medium piping? (set no higher than the maximum working pressure) CFR 250.802(b)	C				
P-540	Is each steam generator equipped with an operable: PSH or TSH? (PSH set no higher than 15 percent above the operating range; within 5 percent test tolerance high and below the MAWP) CFR 250.802(b)	C				
P-541	LSL? (tested by lowering the liquid level across level-control detector) CFR	C				
P-542	Water-feeding device which will automatically control the water level if operating at more than 15 psig? CFR 250.803(b)(1)(ii)	C				

HEAT EXCHANGERS

P-550	Is each heat exchanger (shell-tube) equipped with two: PSHs? (set no higher than 15 percent above the operating range; within 5 percent test tolerance high and below the MAWP) CFR 250.802(b)	C				
P-551	PSLs? (set no lower than 15 percent below the operating range; within 5 percent test tolerance low) CFR 250.802(b)	C				
WIRES LINE OPERATIONS						
W-170	Are wireline operations conducted so as to minimize the leakage of well fluids? CFR 250.618(a)	C				
W-171	For all wireline perforating operations and all other wireline operations where communication exists between the completed hydrocarbon-bearing zone(s) and the well bore, is a lubricator assembly containing at least one wireline valve utilized? CFR	C				
W-172	When a lubricator is initially installed on a well, is it pressure tested to the expected shut-in pressure? CFR 250.618(c)	W/C	1			

ROYALTY METER (SITE SECURITY) INSPECTIONS

		ENFORCEMENT ACTION				
INC#	ALLOCATION METERS	CODE	#CK	#Y	#N	#N/A
M-129	Are samples taken continuously or daily? CFR 250.1202(k)(1) and (2)	W/C				
M-130	Are allocation meters measuring 50 barrels of oil per day or more proven monthly? CFR 250.1202(k)(3)	W				
M-131	Are allocation meters measuring less than 50 barrels of oil per day proven quarterly? CFR 250.1202(k)(4)	W				
M-132	Is a copy of each allocation meter proving report kept at the field location for a period of 2 years? CFR 250.1202(k)(5)	W				
M-133	If an allocation meter proving results in a meter factor which differs from previous meter factor by an amount greater than 0.02 and less than 0.07, is the allocation meter adjusted and reproven prior to return to service? CFR 250.1202(k)(6)	W				
M-134	If an allocation meter proving results in a meter factor which differs from the previous meter factor by an amount equal to or greater than 0.07, is the allocation meter repaired and reproven prior to return to service? CFR 250.1202(k)(8)	W				
SALES TANK GAUGE FACILITIES						
M-135	Is each sales tank facility designated by the Regional Supervisor as a sales location on which royalty shall be based equipped with a: Vapor-tight thief hatch? CFR 250.1202(l)(1)	C				
M-136	Vent-line valve? CFR 250.1202(l)(1)	C				
M-307	Are all valves on lines leaving an oil storage tank including load-out line valves, drain-line valves, and connection-line valves between sale and nonsale tanks sealed in such a manner that the valve is closed and cannot be opened without destroying the seal? CFR 250.1205(b)(1)(iv)	C				
M-308	Is each storage tank (sales or inventory) used in the royalty determination process clearly identified by a sign that contains the name of the facility operator, the size of the tank, and the tank number? CFR 250.1205(b)	C				
GAS METER						
M-200	Is the gas measuring equipment installed and operated in accordance with the recommendations contained in the API MPMS, CHAPTER 14? CFR 50.1203(b)(2)	W/C				
M-202	Is each gas meter calibrated at intervals not to exceed 42 days? CFR 250.1203(c)(1)	W/C				
M-205	Does the lessee retain calibration test data at the field location for a period of 2 years? CFR 250.1202(c)(4)	W				
LACT UNIT FACILITIES						
M-120	Is each operating sales meter proved to determine the meter factor each month, however, the time between meter factor determinations is not to exceed 42 days? CFR 250.1202(d)(3)	C				
M-300	Are the components of sales measuring devices (metering units and tanks) sealed in a manner to preclude tampering? CFR 250.1205(b)(1)	W/C				
M-301	Are wire or other acceptable types of seals numbered and recorded? CFR 250.1205(b)(3)	W/C				
M-302	Is a list of the seal numbers and the installation location maintained at the field location for at least 2 years and is the location made available for inspection by MMS representative? CFR 250.1205(b)(3) and (4)	W	1			
M-304	Are the following metering and sampling unit components sealed in such a manner that the component cannot be opened, closed, or altered in any way without destroying the seal: All meter stack component connections from the base of the stack to the register? CFR 250.1205(b)(1)(i)	W/C				
M-305	Sampling system including packing device, fittings, chains, sight glass, and container lid?	W/C				

	CFR 250.1205(b)(1)(ii)					
M-306	Components of the temperature and gravity compensation device? CFR 250.1205(b)(1)(iii)	W/C				
M-309	Is there no bypass of MMS-approved royalty sales meters or sales tanks? CFR 250.1205(a)(3)	W/C				
SURFACE COMMINGLING OF PRODUCTION						
M-250	Does the lessee conduct a well test for allocation purposes at least once every 2 months? CFR 250.1204(b)(1) and (2)	W				
M-251	Does the lessee retain test data at the field location for 2 years? CFR 250.1204(b)(3)	W				

Attachment A

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

MASTER RECORD														COMPLEX STATUS:	CURR
COMPLEX ID	LEASE	AREA	BLOCK	FIELD	MANNED (24HRS)				NO. RIGS	NO. CRANES				ABANDONED	___
_____	_____	_____	_____	_____	_____				_____	_____				DRILLING	___
-----LEASE OPERATOR-----								MILES TO SHORE	WATER DEPTH	INJECTION TYPE	COMGL FLAG			PRODUCTION	___
CODE	NAME													WORKOVER	___
_____	_____							_____	_____	_____	_____			MAJOR COMPLEX	___
_____	_____							_____	_____	_____	_____			GENERAL:	
STRUCTURE ID			NO. DCKS	NO. SLOTS	SLOTS DRILL	COMPLETIONS		DATE INST	DATE REMOV	AREA	BLOCK	LOCATION DEPARTURE	FLARING BOOM	HELIPORT	___
MMS	CO. NAME					MAJ	U/WTR	SAT						ATTENDED(8HRS)	___
_____	_____													PRODUCTION	___
_____	_____													EQUIPMENT	___
_____	_____													COMPRESSOR	___
_____	_____													FIRE VESSEL	___
_____	_____													QUARTERS(BEDS)	___
_____	_____													POWER GEN.	___
_____	_____													POWER SRCE.	___
_____	_____													STORAGE TANKS	___
_____	_____													TYPE PRODUCTION:	
_____	_____													GAS	___
_____	_____													OIL	___
_____	_____													WATER	___
_____	_____													CONDENSATE	___
_____	_____													SULFUR	___
_____	_____													METERING:	
_____	_____													SALES, GAS	___
_____	_____													ALLOCATION	___
_____	_____													SALES, OIL	___
_____	_____													TANK GAUGE	___
_____	_____													GAS FLARING	___
_____	_____													METER PROVER	___

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

CONTACT DATA

COMPANY DATA

Company

Company ID Number

Number of Company Representatives on Complex

Contact Name

Contact Title

Phone Number

Fax Number

N _____
N _____
N _____

CONTRACTOR DATA

Contractor

Contractors ID Number

Number of Contractor Personnel on Complex

Contact Name

Contact Title

Phone Number

Fax Number

N _____
N _____
N _____

HELIDECK DATA

Structure Number

Structure Name

Support Wgt.(kips)

Shape Code

Diameter

Length

Width

Fuel Stop

Comments

N _____
N _____
N _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

SUMMARY/ENFORCEMENT

OPERATOR: _____ OPERATOR/PHONE NO : _____ DATE: _____

*** TIME SUMMARY ***

TYPE INSPECTION		TYPE INSPECTION		INSPECTORS CODE		INSPECTORS NAME	
CURRENT	SECONDARIES	LAST	CURRENT	LAST	CURRENT	SIGNATURE**	
_____	_____		____.- MHR	_____	_____	_____	
DATE OF LAST INSP	_____		____.- MHR	_____	_____	_____	
_____			____.- MHR	_____	_____	_____	
UNANNOUNCED INSP FLAG			____.- MHR	_____	_____	_____	
_____			____.- MHR	_____	_____	_____	

** ALL PINCS RELEVANT TO THIS INSPECTION HAVE BEEN CHECKED

LINE NO.	STR NO.	INC NO.	ENF CODE	EQUIPMENT NAME	REMARKS	*--- ISSUED ---*	*--CORRECTED ---*	HRS DOWN TIME	
						DATE	TIME	DATE	TIME
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N _____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

APPROVED DEPARTURES

LINE NO.	STRUCTURE NUMBER	DATE ISSUED	PINC NUMBER	COMMENTS
N				
N				
N				
N				
N				
N				
N				
N				

REMARKS:

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

PUMPS

LN NO.	STR NO.	EQUIPMENT NAME	O S	WORKING PSI	OPERATING HIGH	RANGE LOW	*-----RECORD-----* PSH PSL	*-----TEST-----* PSH PSL	REC PSV	TEST PSV	TSE Y/N	FSV Y/N	SUCT SDV Y/N
N													
N													
N													
N													
N													
N													
N													
N													
N													

Total Available for Inspection: _____ Total Inspected: _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

PIPELINES

LN NO.	STR NO. SEGMENT	*OUT OF FLG	SERV* DATE	AUT MAOP	I/T	TY	SIZE	NO.	UNIT NO.	PROD.	DEPART TO	REC PROD FROM FAC Y/N	INCOMING FROM	DEL PROD TO FAC Y/N	*-----DEPARTING/BIDIRECTIONAL-----*				SDV			
															OPERATING RANGE		TEST			FSV	P S V	AUTO OPER SDV
															PSH	PSL	PSH	PSL				
N																						
N																						
N																						
N																						
N																						
N																						
N																						
N																						

Total Available for Inspection: _____ Total Inspected: _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

Complex:

GULF OF MEXICO REGION
Blank Complex Inspection Form

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

WELLBAY

LN	STR	LEASE	WELL	O	CMP	FA	G	S	WP	TBG	PRES	PROD	*-----FLOWLINE		SENSOR-----*			S	2	F	T	S	MAKE	DATE	LND		
NO	NO	NO	ID	S	STA	DESC	N	PSI	PSV	PSI	FLOW	CGS	*---RANGE---	*---RECORD---	*---TEST---	S	N	S	S	U	MOD	DEPTH	REM/	NIP			
										SI		PSI	HIGH	LOW	PSH	PSL	PSH	PSL	V	D	V	E	R	TYPE	SET	INSP	Y/N
N																											
N																											
N																											
N																											
N																											
N																											
N																											
N																											

Total Available for Inspection: _____ Total Inspected: _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

PRESSURE AND ATMOSPHERIC VESSELS

LN NO.	STR NO.	*--- EQUIPMENT NAME	O S	WORK PRSS	*--- OPERATING ---*		*---RECORD---		*---TEST---			OIL LSL	H2O LSL	REC. PSV	TEST PSV	OIL FSV	H2O FSV	GAS FSV	TSH	DI			
					HIGH	LOW	PSH	PSL	PSH	PSL	LSH									ON YN	TO YN	T S E	
N																							
N																							
N																							
N																							
N																							
N																							
N																							
N																							

Total Available for Inspection: _____ Total Inspected _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

HEADERS

LN NO.	STR NO.	*----- HEADER SYSTEM-----*	O S	WORK PRSS	*--- RANGE---*	HIGH	LOW	*--- RECORD---*	PSH	PSL	*--- TEST ---*	PSH	PSL	REC PSV	TEST PSV	TSE Y/N
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Available for Inspection: _____ Total Inspected: _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

FIRED VESSELS

LN NO.	STR NO.	*----- VESSEL NO./NAME -----*	*-----FUEL SUPPLY-----*				*----- HEATERS -----*			*----- NATURAL -----*			*-- AIR --*		MOTOR *---		SHELL/TUBE ----*		
			O *-- RECORD --*	*-- TEST --*	STACK FLAMOUT		*----- DRAFT -----*		REC	TEST	INTER	REC	TEST						
			S PSH	PSL	PSH	PSL	SDV	TSH	BSL/TSL	LSL	FA	SA	TSE	PSL	PSL	LOCK	PSV	PSV	FSL
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Available for Inspection: _____ Total Inspected _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

COMPRESSORS

LN NO.	STR NO.	*----- EQUIPMENT-----*	O S	WORKING PRSS	OPERATING		*-- RECORD --*		*---TEST ---*		OPERABLE		REC PSV	TEST PSV	SUCT FUEL			LIQ		DISC FSV	
					-- HIGH	-- LOW	PSH	PSL	PSH	PSL	LSH	LSL			BD Y/N	SDV Y/N	SDV Y/N	TSH Y/N	FSV Y/N		
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Available for Inspection: _____											Total Inspected: _____										

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

STR NO.	FMP NUMBER	O S	LOCATION NAME	SERIAL NUMBER	DISC REPE NCY Y/N	METER TYPE	METER MAKE	METER SIZE	REC. TYPE	RECORDER MAKE	METERS				WATER DRAW DATE			
											S I T E	C O P Y	S E A L S	S T L				
											S P E C	P R V G	C A L I B	A N D	S E A L S	P P R Q	R R E E	
											C	V	Y/N	Y/N	S	R	Q	C
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
N	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

AVAILABLE = _____ SITE SECURITY INSPECTIONS = _____ GAS CALIBRATIONS WITNESSED = _____ LIQUID PROVINGS WITNESSED = _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

CIVIL PENALTY REVIEW INFORMATION

LN NO.	STR NO.	INC NO.	REGULATION	OPERATION TYPE++	*-----VIOLATION-----* TYPE+ START DATE	END DATE	RATIONALE	INSP CODE
N	___	___	_____	___	___	___	_____	___
N	___	___	_____	___	___	___	_____	___
N	___	___	_____	___	___	___	_____	___
N	___	___	_____	___	___	___	_____	___
N	___	___	_____	___	___	___	_____	___
N	___	___	_____	___	___	___	_____	___
N	___	___	_____	___	___	___	_____	___
N	___	___	_____	___	___	___	_____	___

+ VIOLATION TYPES: F-Failure to Correct, T-Threat, O-Occurence.
++ OPERATION TYPES: P-Production, D-Drilling, W-Workover, C-Completion, M-Decommission, O-Other.

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

CIVIL PENALTY REVIEW INFORMATION

LN NO.	STR NO.	INC NO.	REGULATION	OPERATION TYPE++	*-----VIOLATION-----* TYPE+ START DATE	END DATE	RATIONALE	INSP CODE
N	___	___	_____	___	___	_____	_____	___
N	___	___	_____	___	___	_____	_____	___

+ VIOLATION TYPES: F-Failure to Correct, T-Threat, O-Occurence.
++ OPERATION TYPES: P-Production, D-Drilling, W-Workover, C-Completion, M-Decommission, O-Other.

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)

* * * * * UNCLASSIFIED * * * * *

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
Blank Complex Inspection Form

Complex:

BEGINNING DATE OF INSP.: _____
END DATE OF INSP. : _____

TYPE INSPECTION: _____

	COMPLEX ID	LEASE	AREA	BLOCK
C	_____	_____	_____	_____
	-----LEASE OPERATOR-----			
	CODE	NAME		
C	_____	_____		

INSPECTION SUMMARY

Number of Components Inspected _____

No of INC's Written _____

	STRUCTURE ID		INSPECTOR'S NAME	CODE
	MMS	CO. NAME		
N	_____	_____	_____	_____
N	_____	_____	_____	_____
N	_____	_____	_____	_____
N	_____	_____	_____	_____
N	_____	_____	_____	_____
N	_____	_____	_____	_____
N	_____	_____	_____	_____
N	_____	_____	_____	_____

PUT SAC# IN RECORD COLUMN (EXCEPT PIPELINE - IN TEST COLUMN)