

**UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE**

NTL No. 2001-N02

Effective Date: September 6, 2001

**NOTICE TO LESSEES AND OPERATORS OF FEDERAL OIL AND GAS LEASES
IN THE OUTER CONTINENTAL SHELF**

Submitting Semiannual Well Test Results Electronically

This Notice to Lessees and Operators (NTL) announces and explains how you can electronically submit Semiannual Well Test results.

Background

The Minerals Management Service (MMS) regulations (30 CFR 250.1102(b)(3)) require lessees/operators to conduct well tests at least once every 6 months for each producing completion and submit the results on form MMS-128, Semiannual Well Test Report. Currently, most operators comply with this requirement by completing and submitting numerous paper copies of form MMS-128. Following a successful pilot program, MMS is now prepared to accept these data electronically from all interested operators.

Acceptable Formats

In addition to paper forms, MMS will now accept flat files in either a fixed-length format or comma-delimited format ASCII file. Operators interested in submitting electronic semiannual well test results should review the attached instructions, which explain the acceptable formats in more detail.

Since all data required on form MMS-128 are public information, most operators are comfortable with submitting the flat files as e-mail attachments. If you prefer, you may also mail the file(s) on a 3.5-inch floppy disk or a CD.

Regional Addresses and Contacts

You should submit the data to the appropriate region at the e-mail or mailing address shown below. If you have questions about this method or need further assistance, the regional office telephone numbers are also provided.

Gulf of Mexico OCS Region

Minerals Management Service
Rate Control Unit, MS 5331
1201 Elmwood Park Blvd.
New Orleans, LA 70123-2394

rate.control.unit@mms.gov

(504) 736-2480

Alaska OCS Region

Minerals Management Service
Field Operations
949 E. 36th Ave., Suite 300
Anchorage, AK 99508-4363

fieldops_alaska@mms.gov

(907) 271-6065

Pacific OCS Region

Minerals Management Service
Production, Development and
Reservoir Analysis Section, MS 7100
770 Paseo Camarillo
Camarillo, CA 93010

pdra@mms.gov

(805) 389-7707

Paperwork Reduction Act of 1995 Statement

The information collection referred to in this NTL provides a reporting option for form MMS-128. The Office of Management and Budget (OMB) has approved the information collection requirements of this form and assigned OMB control number 1010-0017. This NTL does not impose additional information collection requirements subject to the Paperwork Reduction Act of 1995.

6 September 2001
Date

Carolita U. Kallaur
Carolita U. Kallaur
Associate Director for
Offshore Minerals Management

Attachments

Attachment 1 - Instructions for submitting electronic Semi-Annual Well Test Reports

Operators may submit Semi-Annual Well Test Reports electronically by sending flat files containing these data to the appropriate Minerals Management Service (MMS) Regional Office. The flat files submitted to MMS must be produced in ASCII (American Standard Code for Information Interchange), and follow one of two acceptable formats - either fixed-length format (Attachment 2) or comma-delimited format (Attachment 3). The comma-delimited format is preferred.

There are 17 required fields (A through Q on Attachment 4) that must be populated for each gas-well completion. Only 15 of these fields (A through O) are required for oil-well completions. Each of these required fields corresponds to a required field on the paper MMS-128 form (Attachment 5).

Each row in the flat file should represent a separate completion. Therefore, each row should contain either 15 (oil) or 17 (gas) fields. If you choose to follow the fixed-length format, each field must be entered in the appropriate column(s) as shown in Attachment 2. For example, the lease number should be entered in columns 29-38 and the flowing tubing pressure should be entered in columns 243-247. Attachment 4 explains the format of each field. For example, the lease number should follow the mask C>NNNNBBBB (one character followed by five numbers followed by four blanks). All character fields will be left justified and all numeric fields will be right justified. Both data fields are padded with blanks to the specified column length.

The comma-delimited format (Attachment 3) is similar to the fixed-format method except the fields are not required to be placed in specific columns. Instead, the fields are simply listed in order and separated by commas. Note that there are several commas between some fields (Attachment 3) because the format allows for submission of numerous other fields not required on the MMS-128 form. The non-mandatory fields are omitted from these instructions for simplification purposes. At the end of each completion (row), a semi-colon should be present to indicate the end of that record (comma-delimited format only).

Attachment 2 - Fixed-length Format:

Start Position	Item Length	Data Type	Description
0001	0005	Character	Operator Code
0006	0015	Character	API Number + Production Interval Code (Appended together)
0021	0008	Character	Field Name Code
0029	0010	Character	Lease Number (Mask C>NNNNBBBB)
0039	0006	Character	Well Name (Mask CC>NNNC)
0101	0003	Character	Test Type (This will always be SEM for semi-annual well tests)
0107	0001	Character	Well Test Product Code (O for oil; G for gas)
0118	0002	Character	Production Method Code (2 characters)
0140	0006	Integer	Test Start Date (YYMMDD)
0178	0006	Integer	Oil 24 Hour Rate
0184	0006	Integer	Gas 24 Hour Rate
0190	0006	Integer	Water 24 Hour Rate
0216	0003	Integer	Choke Size
0233	0004	Real	Oil API Gravity
0243	0005	Integer	Flowing Tubing Pressure
0248	0005	Integer	Shut-In Pressure (required for gas wells only)
0253	0005	Integer	Line Pressure (required for gas wells only)

Note - 12/11/01 Attachment 2 revised to correct the start position of the Well Name Field.

Attachment 3 - Comma-delimited Format:

Operator Code,API Number+Production Interval Code,Field Name Code,Lease Number,Well Name,,,,,,,,,Test
Type,,Well Test Product Code,,Production Method Code,,,,,Test Start Date,,,,Oil 24 Hour Rate,Gas 24 Hour
Rate,Water 24 Hour Rate,,,Choke Size,,,Oil API Gravity,,,Flowing Tubing Pressure,Shut-In Pressure,Line
Pressure,,;

Note - In the actual flat file, these fields should all be on one line with the semi-colon at the end. The next line should contain these fields for the next completion. Note also that the Shut-In Pressure and Line Pressure fields are only required for gas wells.

Attachment 4 - Definitions:

- (A) Operator Code - MMS code number of the designated operator. (5 characters)
- (B-1) API Number - A unique well identification number consisting of (from left to right) a 2-digit state code (or pseudo for Offshore), a 3-digit county code (or pseudo for Offshore), a 5-digit unique well code, and if applicable, a 2-digit sidetrack code as defined in API Bulletin D12A. Maximum length = 12 characters.
- (B-2) Production Interval Code - Indicates the number of tubing strings and the producing or injection interval of the well. Maximum length = 3 characters. Note - Append this 3-character code to the 12-character API number, thus creating a 15-character, unique identifier for each completion.
- (C) Field Name Code - Name of the field in which the well is located. (8 characters)
- (D) Lease Number - The number assigned to a lease by the regulatory agency having jurisdiction over mineral activity in the territory where the lease is located. (10 characters; mask = CNNNNBBBB)
- (E) Well Name - The name assigned to the well. (6 characters; mask = CCNNNC)
- (F) Test Type - Indicates the type of well test conducted. (3 characters; valid codes include SEM, POT, QTR, and COM; semi-annual well tests are test type SEM)
- (G) Well Test Product Code - Indicates the mineral produced during a well test. (1 character; valid codes include G and O for gas and oil, respectively)
- (H) Production Method Code - Indicates the method by which the well test was conducted. (2 characters; valid codes include FL (flowing), GL (gas lift), EP (electrical pump), JP (jet pump), RP (rod pump), and UK (unknown))
- (I) Test Start Date - The date that the identified test was run. (Fixed format = 6-digit integer, YYMMDD; Comma-delimited format = 8-digit integer, YYYYMMDD)
- (J) Oil 24 Hour Rate - The extrapolated volume of oil (barrels) that would be produced in a 24-hour period. (6-digit integer)
- (K) Gas 24 Hour Rate - The extrapolated volume of gas (thousand cubic feet) that would be produced in a 24-hour period. Measured gas volumes shall be adjusted to the standard conditions of 14.73 psia and 60 degrees F. (6-digit integer)
- (L) Water 24 Hour Rate - The extrapolated volume of water (barrels) that would be produced in a 24-hour period. (6-digit integer)
- (M) Choke Size - The inside diameter of the choke (64ths of an inch) used to control a well test. (3-digit integer)
- (N) Oil API Gravity - Gravity (weight per unit of volume) of crude oil or other liquid hydrocarbon expressed in degrees API where a specific gravity of 1.0 is the equivalent of 10 degrees API. (4-digit real number)
- (O) Flowing Tubing Pressure - The pressure (pounds per square inch gauge) recorded in the tubing during a well test while open to flow. (5-digit integer)
- (P) Shut-In Pressure - The pressure (pounds per square inch gauge) exerted on the wellhead under shut-in/static well conditions. (5-digit integer) This field is required only for gas-well completions.
- (Q) Line Pressure - The back pressure (pounds per square inch gauge) exerted by the pipeline during the well test. (5-digit integer) This field is required only for gas-well completions.

Attachment 5 - Form MMS-128:

U.S. Department of the Interior
Minerals Management Service

Submit original plus two copies with
one copy marked "Public Information."

OMB CONTROL NO. 1010-0017
Expiration Date: September 30, 2002

(F) SEMIANNUAL WELL TEST REPORT

1. ORIGINAL <input type="checkbox"/> CORRECTION	188. CHECK ONE ONLY OIL WELLS ___ * GAS WELLS ___ <i>(Required for gas wells only)</i>	8. FIELD NAME		11. OPERATOR NAME AND ADDRESS <i>(Submitting Office)</i>	
		(C)			
189. REPORTING PERIOD STARTING DATE		190. UNIT NUMBER	10. MMS OPERATOR NUMBER		
			(A)		

4. LEASE NO.	3. WELL NO.	2. API WELL NO./PRODUCING INTERVAL CODE	105. NET OIL/CONDENSATE (BBLSDAY)	106. NET GAS (MCF/DAY)	107. NET WATER (BBLSDAY)	98. CHOKE SIZE (64THS)	100. FLOWING TUBING PRESSURE (PSIG)	99. SHUT-IN WELLHEAD PRESSURE (PSIG)	102. LINE PRESSURE (PSIG)	93. PRODUCTION METHOD	104. API OIL/CONDENSATE GRAVITY	92. DATE OF TEST
(D)	(E)	(B-1)(B-2)	(J)	(K)	(L)	(M)	(O)	(P)	(Q)	(H)	(N)	(I)

26. CONTACT NAME	28. AUTHORIZING OFFICIAL (Type Name)	30. TITLE	DATA ACCEPTED
27. TELEPHONE NO.	29. AUTHORIZING SIGNATURE	31. DATE	DATE

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to ascertain that oil and gas wells continue to be capable of producing approved Maximum Production Rates. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.118. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1-1/2 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1649 C Street, NW, Washington, DC 20240.