Form MMS-2014 Reporting Instructions – ASCII Format
Effective 02/11/2005

A. Format Requirements

All record fields must comply with the following requirements:
1. The file name must end with a .TXT extension.
2. All lines are 170 character fixed length plus a carriage return and a line feed.
3. Federal and Indian data must be submitted as separate documents.
4. Multiple documents can be present in a single file. Headers and Trailers separate the documents. (See examples below.)
5. Each document must begin with Record Type 1 and end with a Record Type 3 and 4. The number of Record Type 2 lines is listed in line sequential order, the maximum being 50,000 Type 2 lines in a single document.
6. All Record Types are required for each document. **Do not use blank lines between multiple documents in a single file.** Examples of Record Types used in multiple reports for a single file are shown below:

First Example:
DOCUMENT 1
PAYOR CODE 12345	Record Type 1 – Header (one line)
FEDERAL DATA	Record Type 2 - Detail
(Lessor Code 1)	Record Type 3 – Report Trailer (one line)
	Record Type 4 – Payment Trailer (one line)

DOCUMENT 2
PAYOR CODE 12345	Record Type 1 – Header (one line)
INDIAN DATA	Record Type 2 - Detail
(Lessor Code 2)	Record Type 3 – Report Trailer (one line)
	Record Type 4 – Payment Trailer (one line)

Second Example:
DOCUMENT 1
PAYOR CODE 23456	Record Type 1 – Header (one line)
FEDERAL DATA	Record Type 2 - Detail
(Lessor Code 1)	Record Type 3 – Report Trailer (one line)
	Record Type 4 – Payment Trailer (one line)

DOCUMENT 2
PAYOR CODE 34567	Record Type 1 – Header (one line)
FEDERAL DATA	Record Type 2 - Detail
(Lessor Code 1)	Record Type 3 – Report Trailer (one line)
	Record Type 4 – Payment Trailer (one line)

B. Format Characteristics:

1. In the Maximum Width column, "X" equates to alpha-numeric characters and "9" equates to numeric digits. The number enclosed in parentheses ( ) is the number of positions allowed for that specific field.
2. All numeric fields are unpacked. This means that numeric fields must be only one number per position. For example, if the field is eight numbers long, there are eight positions (one number per position).
3. No binary numeric fields or internal formats are allowed.
4. All numeric fields must be right justified. Blank spaces in numeric fields must be filled with zeros. No punctuation allowed in numeric fields.
5. Alpha-numeric characters must be left justified unless specifically instructed otherwise.

Negative volumes and values can be formatted by using a negative (-) sign method or using the ASCII symbols listed below. Descriptions and examples of each format type for negative amounts only are as follows:

SIGNED FORMATS FOR NEGATIVE AMOUNTS
If using the negative (-) sign method, a negative sign is used in the first position of the field. For example, if the maximum width required is 9(9)V99 and the amount is -425.34, the negative would be formatted as -0000042534. If this were a positive amount it would be formatted as 00000042534.

ASCII SYMBOLS FOR NEGATIVE AMOUNTS
If using the ASCII symbols method, ASCII symbols are placed in the last position of the field. For example, -425.34 should look like 000000004253M. A positive amount would be formatted as 00000042534. The negative symbols are listed below:

} = -0	**N = -5**
J = -1	**O = -6**
K = -2	**P = -7**
L = -3	**Q = -8**
M = -4	**R = -9**

C. ASCII Record Layout

DESCRIPTION	MAXIMUM WIDTH	POSITION	FIELD REQUIREMENTS
HEADER			
RECORD TYPE	X(1)	1	Complete with a literal '1'
PAYOR CODE	X(5)	2-6	Complete with a valid code
FORM TYPE	X(3)	7-9	Complete with a literal 'ROY'
PAYOR ASSIGNED DOCUMENT NUMBER	X(8)	10-17	Complete with a payor-designated numerical identification
COMBINE INDICATOR	X(2)	18-19	*Complete with blanks or spaces (For MMS use only)*
PAYOR NAME	X(30)	20-49	Complete or leave blank. If field is used, special characters must be isolated by spaces (e.g., Oil & Gas)
FILLER	X(121)	50-170	Leave blank or spaces
CARRIAGE CONTROL	HEX OD	171	ASCII 13
LINE FEED	HEX OA	172	ASCII 10
DETAIL			
RECORD TYPE	X(1)	1	Complete with a literal '2'
LESSOR CODE	X(1)	2	Complete with a literal '1' for Federal, or a literal '2' for Indian
PAYOR LINE NUMBER	9(6)	3-8	Complete with sequential line numbers. Right justify with leading zeros
RESERVED FOR PREPARER'S USE	X(20)	9-28	Complete or leave blank. If field is used, special characters must be isolated by spaces (e.g., 1A & 2A)
MMS LEASE NUMBER	X(11)	29-39	Complete with a valid MMS-converted lease number. Consisting of 10-digits (a 3-digit prefix, 6-digit body, and 1-digit suffix). The field can accommodate 11 digits (a 2-digit suffix for future needs). If lease number has a single-digit suffix, left justify and fill with spaces
MMS AGREEMENT NUMBER	X(11)	40-50	Complete with a valid MMS agreement number or leave blank. This field accommodates 11 digits. Agreement No. consists of three parts; prefix = X (3) left justify, body = X (6) right justify, suffix = X (2) left justify. All three parts are upper case alpha/numeric
API WELL NO.	X(15)	51-65	Complete with a valid API Well Number or leave blank. Report this number only if required by MMS for certain Indian properties and offshore deepwater wells under royalty relief. If you are required to report this number enter a 15-character set that consists of the 12-digit API-assigned well number and the 3-character producing interval indicator (e.g., 490051234500S01)
PRODUCT CODE	X(2)	66-67	Complete with a valid code or leave blank. If reporting lease level transactions, complete with zeros
SALES TYPE CODE	X(4)	68-71	Complete with a valid code or leave blank

DESCRIPTION	MAXIMUM WIDTH	POSITION	FIELD REQUIREMENTS
SALES MO/YR	X(6)	72-77	Complete using MMYYYY format (e.g., 012004)
TRANSACTION CODE	X(2)	78-79	Complete with a valid code
ADJUSTMENT REASON CODE	X(2)	80-81	Complete with a valid code or leave blank
SALES VOLUME (Mcf/bbls/gal/long tons)	9(9)V99	82-92	Complete with valid data or all zeros
GAS MMBtu	9(9)V99	93-103	Complete with valid data or all zeros. Must be completed for specific product codes
SALES VALUE	9(9)V99	104-114	Complete with valid data or all zeros
ROYALTY VALUE PRIOR TO ALLOWANCES	9(9)V99	115-125	Complete with valid data or all zeros
TRANSPORTATION ALLOWANCE DEDUCTION	9(9)V99	126-136	Complete with valid data or all zeros
PROCESSING ALLOWANCE DEDUCTION	9(9)V99	137-147	Complete with valid data or all zeros
ROYALTY VALUE LESS ALLOWANCES	9(9)V99	148-158	Complete with valid data or all zeros
PAYMENT METHOD	X(1)	159	Complete with a valid code
FILLER	X(11)	160-170	Leave blank or spaces
CARRIAGE CONTROL	HEX OD	171	ASCII 13
LINE FEED	HEX OA	172	ASCII 10
REPORT TRAILER			
RECORD TYPE	X(1)	1	Complete with a literal '3'
REPORT LINE COUNT	9(7)	2-8	Complete using the total number of Record Type 2 lines for the document.
REPORT TOTAL	9(11)V99	9-21	Complete with valid data or all zeros
CHECKS TO MMS (PM1)	9(11)V99	22-34	Complete with valid data or all zeros
INDIAN DIRECT PAY (PM2)	9(11)V99	35-47	Complete with valid data or all zeros
EFT PAYMENTS (PM3)	9(11)V99	48-60	Complete with valid data or all zeros
ROYALTY-IN-KIND (PM4)	9(11)V99	61-73	Complete with valid data or all zeros
CHECKS TO MMS FOR BIA (PM5)	9(11)V99	74-86	Complete with valid data or all zeros
OTHER (FOR FUTURE USE) (PM6)	9(11)V99	87-99	Complete with valid data or all zeros
INDIAN LOCKBOX (PM7) AMOUNT	9(11)V99	100-112	Complete with valid data or all zeros
TOTAL ALL PAYMENTS	9(11)V99	113-125	Complete with valid data or all zeros
FILLER	X(45)	126-170	Leave blank or spaces
CARRIAGE CONTROL	HEX OD	171	ASCII 13
LINE FEED	HEX OA	172	ASCII 10
PAYMENT TRAILER			
RECORD TYPE	X(1)	1	Complete with a literal '4'

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DESCRIPTION	MAXIMUM WIDTH	POSITION	FIELD REQUIREMENTS
DOC ID 1	X(22)	2-23	Complete with valid data or leave blank when DOC ID AMOUNT 1 is zero
DOC ID AMOUNT 1	9(11)V99	24-36	Complete with valid data or all zeros when DOC ID 1 is blank. Valid data must be a negative amount
DOC ID 2	X(22)	37-58	Complete with valid data or leave blank when DOC ID AMOUNT 2 is zero
DOC ID AMOUNTL 2	9(11)V99	59-71	Complete with valid data or all zeros when DOC ID 2 is blank. Valid data must be a negative amount
DOC ID 3	X(22)	72-93	Complete with valid data or leave blank when DOC ID AMOUNT 3 is zero
DOC ID AMOUNT 3	9(11)V99	94-106	Complete with valid data or all zeros when DOC ID 3 is blank. Valid data must be a negative amount
NET PAYMENT FOR THIS REPORT	9(11)V99	107-119	Complete with valid data or all zeros
AUTHORIZED NAME	X(30)	120-149	Complete with authorized contact name
DATE	X(8)	150-157	Complete using MMDDYYYY format (e.g., 01312004)
FILLER	X(13)	158-170	Leave blank or spaces
CARRIAGE CONTROL	HEX OD	171	ASCII 13
LINE FEED	HEX OA	172	ASCII 10
END OF FILE MARKER	HEX 1A	1	

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