U.S. Department of the Interior
Minerals Management Service

OMB Control No. 1010-0106
OMB Approval Expires: 12/31/2010

COVERED OFFSHORE FACILITIES

OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1. DESIGNATED APPLICANT: _____ _____
COMPANY LEGAL NAME MMS COMPANY NUMBER

2. THE FOLLOWING LIST COMPRISES PART OR ALL OF _____ LOCATIONS OF COVERED OFFSHORE FACILITIES
NUMBER
TO BE COVERED BY MY APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY.

_____ _____
NAME OF CORPORATE OFFICER OR DESIGNATED AGENT SIGNATURE OF CORPORATE OFFICER OR DESIGNATED AGENT

_____ _____
TITLE DATE

3. LOCATIONS OF COVERED OFFSHORE FACILITIES:

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

3. LOCATIONS OF COVERED OFFSHORE FACILITIES (continued):

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