1. Designated Applicant:

COVERED OFFSHORE FACILITIES

CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY IN ACCORDANCE WITH THE REQUIREMENTS OF THE OIL POLLUTION ACT OF 1990

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

OMB Control No.: 1010-0106

Expiration Date: 12/31/16

				COMPANY LEG			BOEM COMPAN	IY NUMBER
. The following	g list compri	ses all of the	e		_ locations of	covered offshor	e facilities to be	e covered
by my certific	ation of oil	spill financia	NUN I responsibility.	MBER				
, ,		•	, ,					
NAME (OF AUTHORIZE	D REPRESENTA	TIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE				
-			TITLE	DATE				
. Locations of	covered off	shore facilitie	es:					
								POTENTIAL
STATE	LEASE	ALIQUOT	AREA	BLOCK	PERMIT	RUE or ROW	PIPELINE	WORST CASE OIL-
OR OCS REGION	NUMBER	PORTION (If Applicable)	NAME	NUMBER	NUMBER	NUMBER	SEGMENT NUMBER	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	RUE or ROW NUMBER	PIPELINE SEGMENT NUMBER	POTENTIAL WORST CASE OIL- SPILL DISCHARGE (In Barrels)

If additional space is required, additional copies of this page may be attached as continuation pages.