

# United States Department of the Interior

MINERALS MANAGEMENT SERVICE
Royalty Management Program

P.O. Box 25165 Denver, Colorado 80225-0165

OCT 2 2 2001

### Dear Reporter:

As stated in previous correspondence, the Minerals Management Service will soon implement a new financial management system. Beginning on approximately November 15, 2001, all reporters will be able to access specific production and royalty data via the Internet. This includes:

- Report of Sales and Royalty Remittance (Form MMS-2014) data. This includes your historical data that have been converted to the new Form MMS-2014 format that became effective October 1, 2001.
- Oil and Gas Operations Report data. This includes your historical data that have been converted from the current OGOR and Form MMS-3160 formats to the new OGOR format that became effective October 1, 2001.
- Production and Royalty Reporter Confirmation Reports. These reports show changes we made, if any, to your reported data that did not pass our system edits. Please note that these reports have been enhanced from the current Confirmation Reports.
- Well and Facility Measurement Confirmation Reports. This includes well and FMP reference data we updated in our system.
- Basic Receivables Report. This includes royalty and billed receivable data.
- Quarterly Facility Measurement Point Report. This includes summary FMP information on a quarterly basis.
- Missing Production Report Notification. This report includes leases where no production report has been received.
- Royalty Estimate Balance Reports. These include estimate balances for your leases.

You will be able to access your data and reports at your convenience on a secured Internet location. To access data and/or reports, you will navigate to a specific folder where you will enter specific selection criteria, such as a Document ID, Lease Number, or Reporting Month. The reports will allow users to view data displayed in a column/row format, which can be printed via the Brio Portal. For most reporters, this will replace the current hard copy reports you receive of this information.

We will initially limit access to only one Authorized User per reporter code. We hope to eliminate this limitation once initial users are established and system performance is evaluated. Enclosed is a System Access Request Form, along with instructions for completing the form. If you wish to have access via the Internet, please have your selected Authorized User complete the form and return it to the following address:

Minerals Management Service Attention: Information Technology Center, Policy and Security Group P.O. Box 25165, Mail Stop 340G4 Denver, CO 80225

If you have questions when filling out the form, please contact MMS Customer Services at 303-969-6200 or 877-256-6250. Also, please remember to have both the Authorized User and a supervisor sign and date the form.

Specific information about how and when to access the Internet site will be provided to the Authorized User after we process the SARF.

Sincerely,

Phil Sykora

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Manager, Information Technology Center

Enclosure

### **Instructions for the System Access Request Form**

The System Access Request Form (SARF) (Form MMS-4427, which replaces Form MMS-4397S) must be completed to obtain Internet access to the Minerals Revenue Management (MRM) system. Follow these instructions to complete and return the form to MRM.

**User Options:** Choose New User or, if you already have an MRM User Id, choose Change User or Delete User and provide your current User Id number.

- New User—If you are a new user of the MRM system, mark this option.
- Change User—If you require a new User Id because of a name change, change in job function requiring
  different access requirements, or if you need access to another MRM system, mark this option and provide
  your current User Id.
- Delete User—If you no longer need access to the MRM system, mark this option and provide your current User Id.

**Legal Name:** Enter your Last Name, First Name, and Middle Initial as they appear on your birth certificate or passport.

**Preferred Name:** Enter your Last Name, First Name, and Middle Initial as you prefer to be addressed, if different from your Legal Name.

**User Telephone Number:** Enter your daytime telephone number.

**Financial** or **Compliance:** In general, if you are not part of an auditing/compliance function, you need access to **Financial** data.

**Federal**, **State**, **Tribe**, or **Industry:** Choose the appropriate category and enter additional information as applicable:

- Federal—Provide the acronym of the agency that employs you. Examples of valid codes are BLM, BIA, OMM, or MRM. Bureau of Indian Affairs (BIA) employees should provide the name of their agency location and the Indian tribes they support.
- **State**—Provide the two-digit State postal abbreviation. If you are an MRM 205 auditor, mark this option. If not, leave this option blank.
- **Tribe**—Provide the name of the Indian tribe you represent. If you are an MRM 202 auditor, mark this option. If not, leave this option blank.
- Industry—Provide the five-digit Reporter code for the company that employs you. If your company has multiple Reporter codes, please provide only the Reporter code for the data that you need to access from the MRM system. If your company produces solid minerals and you will be submitting the Production and Royalty (P&R) Report, mark this option. If not, leave this option blank.

**Organization:** Enter the full name of your Federal agency, State, tribe, or company.

**User Mailing Address:** Enter your mailing address including street address, P.O. Box or internal routing information as appropriate, city, State, and postal code.

**User E-mail Address:** Enter your electronic mail address. This field is required for users who submit P&R Reports. This field is optional for other users, but e-mail provides faster notification of a new, changed, or deleted User Id.

**Additional Comments:** Please provide any additional information that you think is important.

**Certification:** Read this section.

**User Signature/Date:** Sign and date the SARF if you agree to abide by the rules and restrictions stated in the Certification section. Your supervisor's name and telephone number must be printed. Your supervisor also must sign and date the form.

Mail the original hardcopy SARF to the following address:

Joe Lopez P.O. Box 25165 Mail Stop 340-G4 Denver, CO 80225

After MRM receives the form, we may call your supervisor to confirm the information on the SARF. We will notify you of access to the MRM system, either by electronic mail or by U.S. Mail. If you are a new user, the notification will include your User Id and initial password for access to the system. If you Fax this form to MRM at 303-232-4618, we will begin to process your access request. However, we must receive the original SARF before MRM will provide access.

Exempt from the Paperwork Reduction Act. Requesting only identifying information and certification. See 5 CFR  $\S$  1320.3 (h) (1-1-01)

FORM MMS-4427 (9/2001)

#### U.S. DEPARTMENT OF THE INTERIOR Minerals Management Service Minerals Revenue Management

## **System Access Request Form**

User Information:	New User Change User	Delete User	Current User Id	
LEGAL NAME:				
PREFERRED NAME(O	Last Optional):	First	Middle Initial	
User Telephone Number	Last	First	Middle Initial	
_	FINANCIAL	COMPLIANCE		
Federal		Check only if you are a 20	5 Auditor	
Tribe	Tribal Name	Check only if you are a 202 Auditor		
Industry	Customer Id/Payor Number	Check only if you submit S	Solids P&R reports	
Organization	Enter full Federal Agency, State, Tribe, or Co	mpany Name		
User Mailing Address: (Required Field)	<b>5 3</b>	1 7		
User E-mail Address:				
<b>Additional Comments:</b>	Certifi			
used for official governmen	s Computer Systems, Electronic Mail, Interne the business only and in conjunction with Depar 8 USC.). Violations of the law can result in loss	t connections and associated equipm rtment of the Interior and MMS policie	s. Law prohibits any other use of	
	e (except for backup purposes) copyrighted lic appropriate vendor. I further agree to use only			
	a virus, I must immediately stop using the invo		ervices (303-231-3474) and have	
4. I will handle sensitive da	ata appropriately and understand that this information of the format of	rmation is not to be exchanged, divulg		
	words and I will NOT share my passwords or RM and notify them to delete my User Id from		d access to an MRM system for	
	y breach (password sharing, use of unauthorize and the MRM Installation Information Techno		my supervisor or the	
	ation provided above is accurate and complete		erately misrepresented any	
·		Date:		
Supervisor Name (print):		Phone		
Supervisor Signature:		Date:		