RIG MOVEMENT NOTIFICATION REPORT

Use this form to report the movement (including skids, stacking, and moving in or out of the OCS) of all rig units include MODUs, platform rigs, snubbing units, wire-line units used for non-routine operations, and coiled tubing units. If the rig is moving from one location to another, you may show this by completing the information for both rig departure and rig arrival on the same form. It is preferred by BSEE that the report information be submitted utilizing the BSEE eWell web-based system at https://ewell.BSEE.gov; or you have the option to e-mail or telefax (see page 3 for contact information) to the appropriate BSEE Office(s) at least 24 hours before you move the rig.

	GENERAL INFORMATION		
Report Date	Lease Operator		
Rig Name	Rig Type: Barge Coiled Tubing Unit Drill Ship Hydraulic Workover Unit Jackup Platform Snubbing Unit Semisubmersible Submersible Wire-Line Unit		
Rig Representative (on location)	Rig Telephone Number (on location)		

DIC ADDIVAL INFORMATION						
RIG ARRIVAL INFORMATION						
Rig Arrival Date	Work Sch	Work Scheduled: Drilling Workover Completion TA PA				IA PA
		Other (specify)				
Is rig new to OCS? Yes No	Location v	Location where rig came from:				
Well API Number (10 di	umber (10 digits) Well Name		Expected Duration of Well Operations			
Well Surface Location Information	Lease No.	Area Name	Block No.	Latitude (Option	onal)	Longitude (Optional)
Structure Location Information (Optional)		s Well Adjacent to Structure? Yes No		If Yes, Identify Structure Distance from Structu		ance from Structure
Helideck Available? Yes No	Helideck Ra	Helideck Rating Kips				
Remarks (Include size and extent of the mooring system and number of lighted and unlighted buoys deployed) (Optional)						

OMB Control Number 1014-0028

OMB Approval Expires: xx/xx/xxxx

RIG DEPARTURE INFORMATION					
Rig Departure Date Well Status: Completed DSI TA PA					_
Well API Number (10 digits) W		Well Name	Is Rig Being Skidded on the Platform? Yes No		
Well Surface Location Information	Lease No.	Area Name	Block No.		Longitude (Optional)
Area Clearance Information (Optional)	Is Area Clear of Obstructions? Yes No		If No, Explain		
Remarks (Include any significant en route movements) (Optional)					
		RIG STACKIN	IG INFOR	MATION	
Rig Arrival Date		Rig Departure Date			
Manned (warm) Un-mann		ned (cold)	Location:		
repairs, or construction:	Date of Modifications, epairs, or construction	Area Name	Block No.	Latitude (Optional)	Longitude (Optional)
Information	s Area Clear o Yes No _	of Obstructions?	If No, Expla	in	
(Optional) Remarks (Explain any r	modifications,	repairs, or construc	ction.)		
	ge. Lunder	stand that maki			te and accurate to the bject me to criminal
Name and Title:				_ Date:	

BSEE OCS CONTACT INFORMATION						
District/Subdistrict	Telephone	Telefax	E-mail Address			
New Orleans District	(504) 734-6740	(504) 734-6741	bsee.new.orleans.district@bsee.gov			
Houma District	(985) 853-5884	(985) 879-2738	bsee.houma.district@bsee.gov			
Lafayette District	(337) 289-5100	(337) 236-6084	bsee.lafayette.district@bsee.gov			
Lake Charles District	(337) 437-4600	(337) 582-3112	bsee.lake.charles.district@bsee.gov			
Lake Jackson District	(713) 286-2300	(979) 238-8122	bsee.lake.jackson.district@bsee.gov			
Alaska OCS Region	(907) 334-5300	(907) 334-5202	BSEEAlaskaReports@bsee.gov			
Pacific OCS Region	(805) 384-6370	(805) 383-6309	john.kaiser@bsee.gov			

PAPERWORK REDUCTION ACT of 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling, sidetracking, completing, reworking, recompleting, and abandoning wells. BSEE uses the information to schedule inspections and verify that equipment and/or procedures are adequate to perform the proposed operations safely. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. 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 reviewing the instructions, completing, and filling out this form is estimated to average 42 minutes per response. This form has been assigned OMB Control Number 1014-0028. However, this form is also used for activities regulated under 30 CFR 250, subparts D, E, F, P, and Q. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.