Report Date

Rig Name

OMB Control Number 1014-0028 OMB Approval Expires: 04/30/2024

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

Rig Type: Barge ___ Coiled Tubing Unit ___ Drill Ship ___ Hydraulic Workover Unit ___ Jackup ___Platform ___

Lease Operator

		5	Snubbing Unit _	Semisubmer	sible _	Submersible	
		١	Wire-Line Unit _				
Rig Representative (on location)				Rig Telephone Number (on location)			
		RIG ARRIV	AL INFOR	MATION			
	1,,,,,,,,,						
Rig Arrival Date	Rig Arrival Date Work Scheduled: Drilling Workover Completion TA PA						
	Other (specify)						
Is rig new to OCS? Yes No	Location where rig came from:						
Well API Number (10 digits)		Well Name	Expected [Expected Duration of Well Operations			
Well Surface Location Information	Lease No.	Area Name	Block No.	Latitude (Option	onal)	Longitude (Optional)	
Structure Location Information (Optional)	Is Well Adjacent to Structure? Yes No		? If Yes, Ider	If Yes, Identify Structure Distance from Structure		nce from Structure	
Helideck Available? Yes No	Helideck Rating Kips		os				
Remarks (Include size (Optional)	and extent of	the mooring sys	tem and numbe	r of lighted and ।	unlighte	ed buoys deployed)	

DIO DEDA DELIDE INFORMATION								
RIG DEPARTURE INFORMATION								
Rig Departure Date	Well Statu	Well Status: Completed DSI TA PA						
Well API Number (10 digits)		Well Name	Is Rig Bein	Is Rig Being Skidded on the Platform? Yes No				
Well Surface Location Information	Lease No.	Area Name	Block No.	Latitude (Optional)	Longitude (Optional)			
Area Clearance Information (Optional)	_	Is Area Clear of Obstructions? Yes No		, 1				
Remarks (Include any	significant en	route movements)	(Optional)					
RIG STACKING INFORMATION								
Rig Arrival Date			Rig Departure Date					
Manned (warm) Un-manned (cold)		ned (cold)	Location:					
repairs, or construction:	Date of Modifications, epairs, or construction	Area Name	Block No.	Latitude (Optional)	Longitude (Optional)			
Yes No Section Area Clearance Is Area Clear of Obstructions? Information Yes No Is Area Clear of Obstructions? Is Area Clear of Obstructions?			If No, Explain					
Remarks (Explain any r	nodifications,	repairs, or construc	ction.)					
CERTIFICATION: I certify that the information submitted above is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to criminal penalties under 18 U.S.C. 1001.								
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.