



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

Suspension of Operations/Suspension of Production Application

* MMS Region GOM PAC AK

* Contact Name
(First Name) (Last Name)

* Phone Number

* Lease Operator (Company) Name

* MMS Company Number

Unit Name

or Lease Number

* Total Payment Amount

* Select Payment Type Credit Card ACH Debit

Submit Data