



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

Gas Cap Production Request

*MMS Region

GOM PAC AK

*Contact Name

(First Name)

(Last Name)

*Phone Number

*Lease Operator (Company) Name

*MMS Company Number

*Lease Number

API Well Number

Reservoir Name

*Total Payment Amount

*Select Payment Type

Credit Card ACH Debit

Submit Data