



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

Development/DOCD Plan

* MMS Region

GOM PAC AK

* Contact Name

(First Name) (Last Name)

* Phone Number

(Area Code + Number)

* Operator Name

* MMS Company Number

* Lease Number(s)

Area

Block

* Development or
DOCD Type

Initial Plan Supplemental Plan

* Wells

* Total Payment Amount

* Select Payment Type

Credit Card ACH Debit