



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

Lease Term Pipeline Modification Application

* MMS Region

GOM PAC AK

* Contact Name

(First Name)

(Last Name)

* Phone Number

* Applicant or Operator Name

* MMS Company Number

* MMS Pipeline Segment Number

Lease Number(s)

* Pipeline Originating Area

* Pipeline Originating Block

* Pipeline Terminating Area

* Pipeline Terminating Block

* Total Payment Amount

* Select Payment Type

Credit Card ACH Debit

Submit Data