



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

Record Title - Assignment of Operating Rights (Transfer)
Application

* MMS Region

GOM PAC AK

* Contact Name

(First Name) (Last Name)

* Phone Number

(Area Code + Number)

* Number of Leases these Documents will Affect

* Lease Number(s)

* Assignor/Lessee Name

* MMS Company (Assignor/Lessee) Number

* Assignee/Operator Name

MMS Company (Assignee/Lessee) Number

Sender's Name (Company transmitting the package)

* Total Payment Amount

* Select Payment Type

Credit Card ACH Debit