



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