

HURRICANE AND TROPICAL STORM EVACUATION AND PRODUCTION CURTAILMENT STATISTICS GULF OF AMERICA OCS REGION (GOAR)

SEND COMPLETED FORM VIA E-MAIL OR TELEFAX BEFORE 11:00 A.M. DAILY
DURING THE PERIOD OF EVACUATION AND SHUT-IN TO:

E-MAIL: EVACSTATS@BSEE.gov

FAX: GOAR (Primary) - (504) 736-5796
GOAR (Alternate) - (504) 736-2426
BSEE Headquarters (if GOAR office is closed) - (703) 787-1093

Name of Hurricane/Tropical Storm: _____

Company: _____ Contact: _____

Telephone Number: _____ Date: _____ Time: _____

EVACUATION STATISTICS BY GOAR DISTRICT OFFICE

TYPE OF FACILITY	Lake Jackson	Lake Charles	Lafayette	Houma	New Orleans	TOTAL
No. of platforms evacuated						
No. of drilling rigs evacuated						
No. of platforms <u>not</u> evacuated						
No. of drilling rigs <u>not</u> evacuated						

PRODUCTION SHUT-IN STATISTICS BY GOAR DISTRICT OFFICE

TYPE OF PRODUCTION	Lake Jackson	Lake Charles	Lafayette	Houma	New Orleans	TOTAL
Oil (BOPD)						
Gas (MMSCFD)						

Paperwork Reduction Act of 1995 (PRA) Statement: The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that BSEE collects this information to be informed when operations and production are disrupted due to hurricanes or natural disasters. BSEE uses this information to notify the Coast Guard in case of rescue needs and oil spills; to monitor when production is shut-in and when resumed; and to notify the news media and interested public entities. Responses are mandatory (43 U.S.C. 1331 *et seq.*). No proprietary information is collected. An agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to the criminal penalties of 18 U.S.C. 1001.

Name and Title: _____ Date: _____