

	May 2005 (MMBtu)	Jun 2005 (MMBtu)	Jul 2005 (MMBtu)	Aug 2005 (MMBtu)
Fort Berthold	5.58	5.46	6.80	7.60
Fort Peck Reservation	6.60	6.52	7.41	7.90
Navajo Allotted Leases in the Navajo Reservation	6.06	5.36	6.00	6.31
Rocky Boys Reservation	4.77	5.19	5.27	6.72
Ute Allotted Leases in the Uintah and Ouray Reservation	6.00	5.28	5.80	6.22
Ute Tribal Leases in the Uintah and Ouray Reservation	5.77	5.28	5.71	5.97
	Sep 2005 (MMBtu)	Oct 2005 (MMBtu)	Nov 2005 (MMBtu)	Dec 2005 (MMBtu)
Blackfeet Reservation	7.76	9.60	10.53	8.93
Fort Belknap	6.63	7.10	6.68	6.63
Fort Berthold	9.93	11.22	8.45	11.26
Fort Peck Reservation	9.26	10.61	12.33	9.75
Navajo Allotted Leases in the Navajo Reservation	8.13	9.40	10.26	8.52
Rocky Boys Reservation	8.42	9.46	7.46	9.34
Ute Allotted Leases in the Uintah and Ouray Reservation	8.07	9.42	9.70	8.04
Ute Tribal Leases in the Uintah and Ouray Reservation	7.99	9.37	9.75	8.71

For information on how to report additional royalties due to major portion prices, please refer to our Dear Payor letter dated December 1, 1999, on the MMS Web site address at <http://www.mrm.mms.gov/ReportingServices/PDFDocs/991201.pdf>.

Dated: November 16, 2006.

Lucy Querques Denett,

Associate Director for Minerals Revenue Management.

[FR Doc. E7-629 Filed 1-17-07; 8:45 am]

BILLING CODE 4310-MR-P

DEPARTMENT OF LABOR

Employment Standards Administration

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment Standards Administration is soliciting comments concerning the proposed collection: Securing Financial

Obligations under the Longshore and Harbor Workers' Compensation Act and its Extension (LS-276, LS-275-IC and LS-275-SI). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

DATES: Written comments must be submitted to the office listed in the addresses section below on or before March 19, 2007.

ADDRESSES: Ms. Hazel M. Bell, U.S. Department of Labor, 200 Constitution Ave., NW., Room S-3201, Washington, DC 20210, telephone (202) 693-0418, fax (202) 693-1451, E-mail bell.hazel@dol.gov. Please use only one method of transmission for comments (mail, fax, or E-mail).

SUPPLEMENTARY INFORMATION:

I. Background

The Longshore and Harbor Workers' Compensation Act (LHWCA) requires covered employers to secure the payment of compensation under the Act and its extensions by purchasing insurance from a carrier authorized by the Secretary of Labor to write Longshore Act insurance, or by becoming authorized self-insured employers (33 U.S.C. 932 et seq.). Each authorized insurance carrier (or carrier seeking authorization) is required to establish annually that its Longshore obligations are fully secured either through an applicable state guaranty (or analogous) fund, a deposit of security with the Division of Longshore and Harbor Workers' Compensation (DLHWC), or a combination of both. Similarly, each authorized self-insurer (or employer seeking authorization) is required to fully secure its Longshore

Act obligations by depositing security with DLHWC. These requirements are designed to assure the prompt and continued payment of compensation and other benefits by the responsible carrier or self-insurer to injured workers and their survivors. Forms LS-275, Application for Security Deposit Determination; LS-275-IC, Agreement and Undertaking (Insurance Carrier); and LS-275-SI, Agreement and Undertaking (Self-insured Employer) are used to cover the submission of information by insurance carriers and self-insured employers regarding their ability to meet their financial obligations under the Longshore Act and its extensions. This information collection is currently approved for use through June 30, 2007.

II. Review Focus

The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology,

e.g., permitting electronic submissions of responses.

III. Current Actions

The Department of Labor seeks the approval of the extension of this information collection in order to carry out its responsibility to ensure that a carrier's LHWCA obligations are sufficiently secured and, if necessary, to deposit security in an amount set by OWCP. This procedure will ensure the prompt and continued payments of compensation and medical benefits to injured workers and help protect the Longshore special funds assets from consequences flowing from insurance carriers' insolvencies.

Type of Review: Extension.

Agency: Employment Standards Administration.

Titles: Request for Earnings Information.

OMB Number: 1215-0204.

Agency Numbers: LS-276; LS-275-IC and LS-275-SI.

Affected Public: Business or other for-profit, Not-for-profit institution.

Total Respondents: 566.

Total Annual responses: 647.

Estimated Total Burden Hours: 434.

Estimated Time Per Response: 1 hour to 15 minutes.

Frequency: On Occasion and Annually.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating/maintenance): \$287.89.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: January 11, 2007.

Hazel M. Bell,

Acting Chief, Branch of Management Review and Internal Control, Division of Financial Management, Office of Management, Administration and Planning, Employment Standards Administration.

[FR Doc. E7-559 Filed 1-17-07; 8:45 am]

BILLING CODE 4510-CF-P

DEPARTMENT OF LABOR

Employment Standards Administration

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public

and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment Standards Administration is soliciting comments concerning the proposed collection: Medical Travel Refund Request (OWCP-957). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

DATES: Written comments must be submitted to the office listed in the addresses section below on or before March 19, 2007.

ADDRESSES: Ms. Hazel M. Bell, U.S. Department of Labor, 200 Constitution Ave., NW., Room S-3201, Washington, DC 20210, telephone (202) 693-0418, fax (202) 693-1451, E-mail bell.hazel@dol.gov. Please use only one method of transmission for comments (mail, fax, or E-mail).

SUPPLEMENTARY INFORMATION:

I. Background

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101 *et seq.*, the Black Lung Benefits Act (BLBA), 30 U.S.C. 901 *et seq.*, and the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384 *et seq.* All three of these statutes require that OWCP reimburse beneficiaries for travel expenses incurred for covered medical treatment. In order to determine whether amounts requested as travel expenses are appropriate, OWCP must receive certain data elements, including the signature of the physician for expenses claimed under the BLBA. Form OWCP-957 is the standard format for the collection of these data elements. The OWCP-957 is used by OWCP and its contractor bill processing staff to process reimbursement requests for travel expenses. This information collection is currently approved for use through June 30, 2007.

II. Review Focus

The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- Enhance the quality, utility and clarity of the information to be collected; and

- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Current Actions

The Department of Labor seeks approval for the extension of this information collection in order to carry out its responsibility to determine if requests for reimbursement for out-of-pocket expenses incurred when traveling to medical providers for covered medical testing or treatment should be paid.

Type of Review: Extension.

Agency: Employment Standards Administration.

Title: Medical Travel Refund Request.

OMB Number: 1215-0054.

Agency Number: OWCP-957.

Affected Public: Individual or households.

Total Respondents: 163,236.

Total Responses: 163,236.

Time per Response: 10 minutes.

Frequency: On occasion.

Estimated Total Burden Hours: 27,098.

Total Burden Cost (capital/startup): \$0.

Total Burden Cost (operating/maintenance): \$68,559.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: January 11, 2007.

Hazel M. Bell,

Acting Chief, Branch of Management Review and Internal Control, Division of Financial Management, Office of Management, Administration and Planning, Employment Standards Administration.

[FR Doc. E7-560 Filed 1-17-07; 8:45 am]

BILLING CODE 4510-CR-P