



APPLICATION FOR CONTROL OF WELL INSURANCE

- 1. Name of Assured _____

- 2. Address _____

- 3. Proposed Term of Coverage _____

- 4. Is the Assured:
 - (i) An Operator? _____ Yes _____ No
 - (ii) A Non-Operator? _____ Yes _____ No
 - (iii) A Contract Operator? _____ Yes _____ No
 - (iv) A Drilling Contractor? _____ Yes _____ No

- 5. Years in business: _____

- 6. Name of Principals: _____

- 7. How many years' experience do Principals have in this type of operation? _____

- 8. Are there any significant changes in the ownership or operation of the Assured in the past three years? If so, explain. _____

- 9. Are there any significant changes in the ownership or operation of the Assured anticipated for the coming year? If so, explain. _____

- 10. Does Assured have trained well control prevention personnel or staff? If not, do they contract with outside well control specialists during drilling operations?

- 11. Details of all blowouts and/or other losses the Assured has incurred for the last five (5) years whether Insured or Uninsured (**include Date, Cause, 100% Amount, Assured's Interest, Retention, & Net Amount Paid**):

12. Current Carrier
Agent: _____
Carrier: _____
Limits: _____
Premium: _____

13. Attach copy of most recent annual report and/or 10K or if not available, please provide gross revenues.

14. Endorsements Requested:

- Evacuation Expense
 - Making Wells Safe
 - Farmout Contingent Liability
 - Deliberate Well Firing
 - Care, Custody & Control
 - Priority of Payments Clause
 - Earthquake Coverage in California
 - Underground Blowout
 - Turnkey Drilling Credits
 - Other (Please specify)
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15. Limit of Liability Requested:

- a. Control of Well, Seepage and Pollution, Redrill Expenses \$ _____
- b. Care, Custody & Control \$ _____

16. Retention Requested:

- \$ _____ Any One Accident or Occurrence (100%) Combined as respects Sections A, B and C
- \$ _____ Any One Accident or Occurrence (100%) as respects Care, Custody & Control

17. Does insured intend to cover all drilling operations under this policy? If yes, please complete all fields on the Drilling Estimate Form attached for each well anticipated in the next 12 months. If not, please explain:

18. Does the Assured intend to drill wells as operator in areas where they currently do not operate?

_____ Yes _____ No

If Yes, explain.

19. Names of Drilling Contractors the insured plans to utilize and contractor's experience and their loss record for the past 5 years.

20. Does insured intend to cover all workover / recompletion operations under this policy? If yes, please complete all fields on the Workover Estimate Form attached for each well anticipated in the next 12 months. If not, please explain:

21. Does insured intend to cover all producing, shut-in, plugged and abandoned, disposal, etc. wells under this policy? If yes, please provide a complete schedule indicating the following for each well. If not, please explain.

Please provide well schedule in Microsoft Excel format which can be Emailed or sent in on a disk.

- i) Well Name
- ii) Location (State, County and indicate if any over water / wet wells).
- iii) Assured's Interest and whether Assured provides coverage to co-venturers on operated wells (i.e. On operated wells, does insurance cover only Assured's working interest or 100% interest?)
- iv) Operator or Non-operator
- v) Depth.
- vi) Oil or gas.
- vii) Status (i.e. Producing, Shut-In, Plugged & Abandoned, etc.)
- viii) Please identify any horizontal wells and specify both True Vertical Depth as well as Total Measured Depth of the well.
- ix) Are any wells producing in secondary or tertiary recovery fields? If so, please identify.

Authorized Representative of the Assured

Date