



**APPLICATION FOR
CONTROL OF WELL INSURANCE**

PROPOSED EFFECTIVE DATE: _____

GENERAL INFORMATION

1) Name and mailing address of First Designated Named Insured:

2) Insured is: Operator / Non-Operator Drilling Contractor

3) Type of Entity:

Corporation Individual Partnership Other
describe) _____

**NB. PAYMENTS OF PREMIUMS AND CLAIMS SHALL ONLY BE MADE BY
AND TO THE FIRST DESIGNATED NAMED INSURED.**

4) Provide a description of all current and proposed Energy drilling and producing operations (attaching a copy of the latest annual report and 10K report if and as required by Insurers were the Insured is obliged to publish these documents.

5) Provide a description of all discontinued operations for which coverage is sought:

6) Provide the total estimate for this year and next year and actual for last year in respect of all proposed Insured's:

	Prior Year	Current Year	Next Year
a) Annual payroll	_____	_____	_____
b) Annual Receipts or Sales	_____	_____	_____
c) Number of Employees	_____	_____	_____
d) Gross Drilling Footage	_____	_____	_____
e) Net Drilling Footage	_____	_____	_____
f) Gross Producing Footage	_____	_____	_____
g) Net Producing Footage	_____	_____	_____

LOSS INFORMATION

Please list and describe all claims/losses insured and uninsured during the past five years involving the Insured's Energy exploration and producing operations where the total paid and outstanding exceeds US \$25,000 or equivalent (including legal/adjusters expenses if known), giving the paid and outstanding amount of each claim and applicable deductible:

NB. THE ANSWERS TO THE ABOVE SHALL NOT CONSTITUTE NOTICE TO INSURER OF ANY ACCIDENTS, CLAIMS, POTENTIAL CLAIMS, CIRCUMSTANCES OR LOSSES DISCOVERED.

WELL SCHEDULE SUMMARY

- 1) Please include an Exhibit A as per the attached, on Insured’s proposed Drilling/Workover Operations during the period.
- 2) Please provide a schedule of Insured’s proposed covered Producing / SI / P&A / TA wells.

AREA 1	WELL TYPE: DRILLING/DEEPENING/ COMPLETION			WELL TYPE: WORKOVER/SERVICING/ RECONDITIONING			WELL TYPE: PRODUCING/SHUT-IN/ PLUGGED & ABANDONED		
	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OR WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE
DEPTH 0- 5000									
5001- 7500									
7501-12500									
12501-17500									
17501-20000									
20001 and over									
TOTALS									

AREA 2 LAND	WELL TYPE: DRILLING/DEEPENING/ COMPLETION			WELL TYPE: WORKOVER/SERVICING/ RECONDITIONING			WELL TYPE: PRODUCING/SHUT-IN/ PLUGGED & ABANDONED		
	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OR WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE
DEPTH 0- 5000									
5001- 7500									
7501-12500									
12501-17500									
17501-20000									
20001 and over									
TOTALS									

	WELL TYPE: DRILLING/DEEPENING/ COMPLETION	WELL TYPE: WORKOVER/SERVICING/ RECONDITIONING	WELL TYPE: PRODUCING/SHUT-IN/ PLUGGED & ABANDONED
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AREA 2 WET	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OR WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE
DEPTH 0- 5000									
5001- 7500									
7501-12500									
12501-17500									
17501-20000									
20001 and over									
TOTALS									

	WELL TYPE: DRILLING/DEEPENING/ COMPLETION			WELL TYPE: WORKOVER/SERVICING/ RECONDITIONING			WELL TYPE: PRODUCING/SHUT-IN/ PLUGGED & ABANDONED		
AREA 3	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OR WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE
DEPTH 0- 5000									
5001- 7500									
7501-12500									
12501-17500									
17501-20000									
20001 and over									
TOTALS									

	WELL TYPE: DRILLING/DEEPENING/ COMPLETION			WELL TYPE: WORKOVER/SERVICING/ RECONDITIONING			WELL TYPE: PRODUCING/SHUT-IN/ PLUGGED & ABANDONED		
AREA 4	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OR WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE
DEPTH 0- 5000									
5001- 7500									
7501-12500									
12501-17500									
17501-20000									
20001 and over									
TOTALS									

AREA 5	WELL TYPE: DRILLING/DEEPENING/ COMPLETION			WELL TYPE: WORKOVER/SERVICING/ RECONDITIONING			WELL TYPE: PRODUCING/SHUT-IN/ PLUGGED & ABANDONED		
	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OR WELLS	GROSS FOOTAGE	NET FOOTAGE	NUMBER OF WELLS	GROSS FOOTAGE	NET FOOTAGE
DEPTH 0- 5000									
5001- 7500									
7501-12500									
12501-17500									
17501-20000									
20001 and over									
TOTALS									

- 1) Please identify or attach separately details of any directional Wells which are to be drilled during the policy period where the borehole will deviate at least 80 degrees from the vertical.

- 2) Please identify or attach separately details of any wells which are to be drilled during the policy period using Producing While Drilling techniques.

LIMITS AND COVERAGES

- Limits of insurance required?

COW:

CCC:

- Insured retention required?

COW:

CCC:

Coverages Included in Form:

- 1) Deliberate Well Firing
- 2) Directors & Officers as Additional Insured
- 3) Farmout/Farm-in
- 4) Unintentional Error or Omissions in Reporting
- 5) Contingent Joint Venture Liability

Other Coverages Available, check if desired:

- 1) Control of Well (Section IA)
- 2) Redrilling/Extra Expense (Section IB)
 - A Limited (130%) Redrilling **OR**
 - B Replacement Cost Redrilling
- 3) Pollution & Cleanup (Section IC)
- 4) Extended Redrill & Restoration Endorsement
- 5) Care, Custody and Control Endorsement
- 6) Making Wells Safe Endorsement
- 7) Evacuation Expense Endorsement
- 8) Removal of Wreckage & Debris Endorsement
- 9) Turnkey Endorsement
- 10) Underground Control of Well Endorsement
- 11) Extended Pollution (land wells only)
- 12) Priority of Payments

ACCOUNT HISTORY

- 1) Is Well Out of Control insurance currently purchased? If yes, please provide name of carrier.

- 2) Has any insurer canceled or refused to renew coverage? If yes, please provide details.

- 3) Has the insured every filed bankruptcy? If yes, please provide details.

- 4) Number of years the insured has been in business.

- 5) If the insured is a new venture, please provide previous experience of principals.

6) Name of the drilling contractors that the insured plans to utilize and contractor's experience and loss record for the previous 5 years.

7) Does Insured plan to cover all of their Drilling, Workover and/or Producing wells under this policy? Yes No
If not, please explain coverage intent:

THE COMPLETION AND SUBMISSION OF THIS APPLICATION FORM TO THE INSURERS SHALL NOT OBLIGE THE INSURER TO ISSUE ANY INSURANCE OF ANY DESCRIPTION TO THE PROPOSED INSUREDS.

SHOULD THE INSURERS DECIDE TO ISSUE ANY INSURANCE FOLLOWING THE SUBMISSION OF THIS APPLICATION, THEN THIS APPLICATION AND ANY SUPPLEMENTARY INFORMATION PERTAINING HERETO SHALL FORM THE BASIS OF ANY POLICY ISSUED AND BE DEEMED INCORPORATED THEREIN AND SHALL BE ATTACHED THERETO AND FORM A PART THEREOF.

THE FIRST DESIGNATED NAMED INSURED ON BEHALF OF THE PROPOSED INSUREDS WARRANTS ALL STATEMENTS HEREIN TO BE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Dated at: _____ this _____ day of _____, _____

Signed on behalf of the PROPOSED FIRST DESIGNATED NAMED INSURED

Official title and/or position in the Proposed First Designated Named Insured or the person who has completed and signed this proposal.

