



10. ESTIMATED DRILLING:

Does applicant intend to cover all drilling and workover wells under this policy?

No _____ Yes _____

If No, please explain:

If Yes, please provide a schedule of anticipated drilling which includes the following:

- 1) Well location (County, State)
 - 2) Projected total depth
 - 3) Working interest
 - 4) Whether developmental or exploratory
 - 5) Whether vertical or horizontal
 - 6) Whether located on land or over water
 - 7) Estimated AFE (both dry hole cost and completed cost)
 - 8) Maximum mud weight
 - 9) Name of drilling contractor
 - 10) Type of drilling contract (IADC daywork/footage/turnkey)
(see Vertical Drilling schedule attached)
- If any horizontal drilling, provide vertical depth, horizontal depth and whether drilling will be balanced or underbalanced.
(see Horizontal Drilling schedule attached)

Are any wells to be drilled using air or inert gas methods?

No _____ Yes _____

If Yes, please explain:

11. PRODUCING/SHUT-IN WELLS

Is coverage desired on applicant's producing and shut-in wells?

No _____ Yes _____

If No, please explain:

If Yes, please provide a schedule of wells to be covered which includes the following:

- 1) Well name
 - 2) Well location (County, State)
 - 3) Total depth
 - 4) Percentage working interest
 - 5) Whether operated or non-operated
 - 6) Whether located on land or over water
- (see Producing/Shut-in Well Schedule attached)

Does applicant intend to cover all producing and shut-in wells?

No _____ Yes _____

If No, please explain:

12. Has any Insurer cancelled or declined to provide this type of insurance for the applicant?

No _____ Yes _____

If Yes, please explain:

13. Additional remarks:

Signature of Applicant or Authorized representative: _____

Date: _____