

## DOWNHOLE EQUIPMENT

1. Assured: \_\_\_\_\_  
(company name)
  2. Assured Address: \_\_\_\_\_  
(address, city, state, country, postal code)
  3. Operator: \_\_\_\_\_  
(company name)
  4. Operator Address: \_\_\_\_\_  
(address, city, state, country, postal code)
  5. Well Site Contractors: \_\_\_\_\_  
(drilling, drilling mud, directional driller)
  6. Well Name: \_\_\_\_\_  
(Well name on Permit) (New well or Redrill) (If re-entry, any sticking or loss problems)
  7. Well Location: \_\_\_\_\_  
(Field Name) (Nearest Town) (Country, State, Country)
  8. Well Information: \_\_\_\_\_  
(Air, Gas or Mist Drilling) (Max Mud Weight) (Open or Cased Hole)
- \_\_\_\_\_
- (Total Vertical Depth) (Total Measured Depth) (Horizontal Displacement) (Target Formation) (Kick-off Point)
- \_\_\_\_\_
- (Smallest ID) (Maximum Bottom hole Temp) (Maximum Estimated Bottom hole Pressure) (Maximum Angle)
- \_\_\_\_\_
- (Developmental Well or Exploratory) (Target Form. Lithology) (Formation Geologic Age) (Gas or Oil Well, %H<sub>2</sub>S, %CO<sub>2</sub>)
9. Approximate date tools go below rotary: \_\_\_\_\_
  10. Estimate time tools are in use below rotary: \_\_\_\_\_
  11. Is operator (this well) insured under a Control of Well Policy? \_\_\_\_\_
  12. Is the MWD wireline retrievable? \_\_\_\_\_
  13. Will you use a top drive or a conventional rotary rig? \_\_\_\_\_
  14. Years in business: \_\_\_\_\_
  15. Experience of application supervisors: \_\_\_\_\_
  16. What are your past tool losses in this type of application (when, location, reason for lost)?  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A WELL SCHEMATIC IF AVAILABLE.**

THIS FORM SHALL ATTACH TO AND FORM A PART OF THE POLICY ISSUED BY LLOYD'S OF LONDON

**Question #8**

**Site Number    Water Depth (m)    Penetration Depth (mbsf)    Total Drill String Length (m)**

**EQUIPMENT SCHEDULE**

**Value – Enter Total Replacement Cost of Tools**

Option 1 – 100% Replacement Cost Schedule  
Option 2 – 50% Replacement Cost Schedule

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>SERIAL NO.</u>	<u>VALUE</u>	<u>OPT.1</u>	<u>OPT.2</u>

MAXIMUM VALUE OF TOOLS DOWNHOLE AT ANY ONE TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Name/Title

THIS FORM SHALL ATTACH TO AND FORM A PART OF THE POLICY ISSUED BY LLOYD'S OF LONDON