

Oil and Gas Lease Operator/Non-Operator Supplemental Application

General Information

Named Insured: _____
(If more than one – please provide a % of ownership for each name.)

Mailing Address: _____

Location Address: _____

Years of experience as a lease operator: _____
(If new in business, please attach resume.)

Operational Information

Number of Employees: _____

Are any employees leased? *Yes No

*If yes, please explain: _____

Do you provide Worker's Compensation coverage? Yes No

Projected gross sales: _____ Projected gross payroll: _____

Are you:

A) An operator of record owning working interest in the wells, who manages lease operations for his co-owners of the working interest? Yes No

B) An operator of record owning working interest in wells, who utilizes a contract operator to manage lease operations? Yes No

C) An operator of record NOT owning working interest in wells who utilizes a contract operator to manage lease operations? Yes No

D) A promoter selling drilling prospects to operators for a carried interest in the wells? Yes No

E) A lease operator by contract who does not have a working interest in the wells? Yes No

F) An investor owning a non-operating working interest? Yes No

G) An operator which has any service contractor subsidiary? Yes No

H) A service contractor? *Yes No

*If yes, please see separate supplemental application.

Lease Operators

How are drilling/work over operations contracted?

Daywork	<input type="checkbox"/> IADC	<input type="checkbox"/> API	<input type="checkbox"/> Other (please attach copy)
Footage	<input type="checkbox"/> IADC	<input type="checkbox"/> API	<input type="checkbox"/> Other (please attach copy)
Turnkey	<input type="checkbox"/> IADC	<input type="checkbox"/> API	<input type="checkbox"/> Other (please attach copy)

Other (please specify): _____

How much do you expect to spend as an operator on independent contractors performing:

Lease work: \$ _____
 Work over: \$ _____
 Drilling: \$ _____

Are all well sites fenced (including pump jacks, tank batteries, separators, etc)?

Yes No

Is there any livestock in or around the lease area?

Yes No

Do you have any storage tanks?

*Yes No

*If yes, are they fully diked? _____ If not, please explain. _____

Are there any secondary recovery operations?

Yes No

Are any of the wells –

Within city or town limits?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
In or near railroad right-of-ways?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
Located in or around oceans, gulfs, bays, lakes, or marshes?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
H2S?	*Yes <input type="checkbox"/> No <input type="checkbox"/>

*If yes, please attach a list including state, county, total depth, and status of well (ie producing, shut in, plugged, etc).

Do you have any working interest in gas processing, gas recovery plants, or gas sweetening plants?

*Yes No

*If yes, please give details: _____

Does the pipeline -

Supply any end users?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
Transport any products other than your own?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
Run through any populated areas?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
Cross roadways, bodies of water or railways?	*Yes <input type="checkbox"/> No <input type="checkbox"/>

*If yes, please give details: _____

Miles of pipeline: _____ Diameter of pipe: _____

Maximum pressure of the pipeline: _____ Age of pipeline: _____

Are there any pipelines buried to a depth of less than 3 feet? _____ *Yes No

*If yes, please provide depth: _____

Has the pipeline had internal testing within the last 5 years? Yes No

Has the pipeline been pressure tested within the last 5 years? Yes No

Are there high and low pressure alarms? Yes No

Is there 24 hour monitoring? Yes No

Well Information:

Indicate the number of producing wells:					
State	Oil	Gas	Saline	Shut-in	Avg Depth

Indicate the number of plugged or abandoned wells:					
State	Oil	Gas	Saline	Shut-in	Avg Depth

Indicate the number of wells to be drilled:					
State	Oil	Gas	Est. depth	Vertical	Horizontal

Non-Operator

Are certificates of insurance available from the operator of the well? Yes No

Does the operator's policy have:
 Additional Insured-Working Interest endorsement? Yes No
 You named as Additional Insured? Yes No

Are any of the wells –
 Located within oceans, gulfs, lakes, marshes, or bays? *Yes No
 H2S? *Yes No

*If yes, please attach a list including state, county, total depth, and status of well (ie producing, shut in, plugged, etc).

Indicate the number of Non-Operated wells 0-25% working interest					
State	Oil	Gas	Saline	Shut-in	Avg Depth

Indicate the number of Non-Operated wells 26-50% working interest					
State	Oil	Gas	Saline	Shut-in	Avg Depth

Indicate the number of Non-Operated wells 51% or greater working interest					
State	Oil	Gas	Saline	Shut-in	Avg Depth

Indicate the number of wells to be drilled as Non-Operator					
State	Oil	Gas	Est. depth	Vertical	Horizontal

Contractors and Subcontractors Information

Do you require all contractors and subcontractors to have a signed Master Service Agreement on file with your office? Yes

No

What form of MSA do you use? ADC API Other (please attach copy)

Do you maintain an approved contractors list? Yes No

Do you require the following from contractors and subcontractors:	Yes	No	Limits
Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehensive General Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Contractual Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Coverage for Blowout and Cratering "E"	<input type="checkbox"/>	<input type="checkbox"/>	
Coverage for Explosion "X"	<input type="checkbox"/>	<input type="checkbox"/>	
Coverage for Saline Contamination "W"	<input type="checkbox"/>	<input type="checkbox"/>	
Coverage for Underground Resources "D"	<input type="checkbox"/>	<input type="checkbox"/>	

Are Certificates of Insurance required? *Yes No

*If yes, where are they kept on file? _____

Do you require that you be an Additional Insured on liability policies? Yes No

Do you require Waivers of Subrogation? Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____