

# Equipment Coverage Data Form

- Please attach a well schematic if available.
- Please note the limit on the ECD Form is the maximum limit insured. Any changes occurring after coverage is in place, which results in higher limits, additional tools or a major change in well design and/or depth must be submitted with a new ECD Form and be approved by the underwriter prior to coverage being in effect.

1. Named Insured: \_\_\_\_\_  
(Name of Policy Holder)

2. Directional Drilling Contractor: \_\_\_\_\_  
(Company Name)

3. Directional Drilling Contractor Address: \_\_\_\_\_  
(Address, City, State/Province, Country, Postal Code)

4. Operator: \_\_\_\_\_  
(Company Name)

5. Operator Address: \_\_\_\_\_  
(Address, City, State/Province, Country, Postal Code)

6. Is this well insured under the operators Control of Well Policy?  Yes  No  Unknown

7. How many wells have been drilled in this field by the operator? \_\_\_\_\_

8. Have operators drilling supervisor's attended approved Horizontal training?  Yes  No  Unknown

9. Have operators drilling supervisor's attended approved stuck pipe training  Yes  No  Unknown

10. How many losses has the named insured had with the operator or the drilling contractor within 24 months of the date of this application? \_\_\_\_\_

If any, please provide details.(when, what, where and why)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Well Name: \_\_\_\_\_  
(Well Name on Permit)  
Job Number: \_\_\_\_\_

12. **Well Location**

Field Name : \_\_\_\_\_  
Geology Play Name: \_\_\_\_\_  
Nearest Town: \_\_\_\_\_  
County: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_

13.  New  Re-Entry  Sidetrack  
If re-entry or sidetrack explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What is the spud date of the well? \_\_\_\_\_  
(EX: 03/20/2009)

15. Approximate date first set of tools will go below the rotary: \_\_\_\_\_  
(EX: 03/20/2009)

16. Estimated number of day's tools will be in use below the rotary? \_\_\_\_\_

17. Is the MWD wireline retrievable?  Yes  No  Unknown

18. Is this an Exploratory Well?  Yes  No  Unknown

19. Will a Top Drive be Used?  Yes  No  Unknown

20. What is the Target Formation? \_\_\_\_\_

21. Maximum Angle: \_\_\_\_\_

22. Total Vertical Depth (TVD): \_\_\_\_\_

23. Total Measured Depth: \_\_\_\_\_

24. Horizontal Displacement: \_\_\_\_\_

25. Kick-off Point (KOP): \_\_\_\_\_

26. Max Bottom Hole Temp: \_\_\_\_\_

27. Max Bottom Hole Pressure: \_\_\_\_\_

28. Expected flow rate at TD? \_\_\_\_\_
29. Planned pipe RPM on bottom drilling: \_\_\_\_\_
30. Planned pipe RPM off bottom circulation: \_\_\_\_\_
31. How many Bottom Hole Assemblies will be used in this well? (All assemblies must be scheduled) \_\_\_\_\_
32. How many unstabilized drill collars will be used? \_\_\_\_\_
33. Is backreaming planned or expected?  Yes  No  Unknown
34. Is an under-reamer planned?  Yes  No  Unknown
35. Will spiral long gauge bits be used?  Yes  No  Unknown
36. Will any sleeve stabilizers be used?  Yes  No  Unknown

**Casing Details**

Casing Size	Depth

**Well Bore Details**

Hole Section Type	Pipe Size	Open Hole Size	BHA #	Starting Depth	Finish Depth	Max Angle	Mud Type	Mud Weight	Sands	Shale
<i>Build</i>	<i>8-1/4</i>	<i>8-1/2</i>	<i>BHA 1</i>	<i>3000</i>	<i>4000</i>	<i>35</i>	<i>Oil Based</i>	<i>8</i>	<i>No</i>	<i>No</i>
<i>Lateral</i>	<i>6-1/2</i>	<i>6-3/4</i>	<i>BHA 2</i>	<i>4000</i>	<i>7000</i>	<i>60</i>	<i>Water Based</i>	<i>10</i>	<i>Yes</i>	<i>No</i>

