

WELL/PREMIUM AUDIT REPORT

DATE OF REPORT: _____
Month/Day/Year

ASSURED: _____

OPERATOR: _____

WELL NAME: _____

WELL LOCATION: _____
County or Parish State

DATE HORIZONTAL DRILLING BEGAN: _____
Month/Day/Year

DATE COMPLETED: _____
Month/Day/Year

HORIZONTAL/DIRECTIONAL DRILLING TIME _____
*
 Number of Days

* If tools not in the hole for the entire period, please
 advise specific dates tools were out of the hole _____

TVD (True Vertical Depth) _____
Feet

TMD (True Measured Depth) _____
Feet

 Signature of Insured

This form must be submitted to Company fifteen (15) days after completion of well or horizontal/directional drilling activity.
 The lower portion of the form will be completed and returned on Well Audit Report along with invoice:

Space below for use of Company

\$ _____ x _____ = \$ _____
Day/Footage Rate No. of Days/Footage Premium Earned

Premium Earned: \$ _____
 Less Minimum & Deposit Premium: \$ _____
 Additional Premium Due: \$ _____
 Texas Surplus Lines Tax: \$ _____
 Texas Stamping Fee: \$ _____
 Total Additional Premium Due: \$ _____

 Date