



DOWNHOLE TOOL INSURANCE EQUIPMENT COVERAGE APPLICATION

Please send all completed applications to service@transpacmgrs.com.

WHAT TYPE OF TOOLS REQUIRE COVERAGE?

NAMED INSURED

Named Insured: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Phone: _____

Country: _____

Contact First Name: _____ Contact Last Name: _____

Contact Email: _____

DIRECTIONAL DRILLING CONTRACTOR

Check here if same as Named Insured

Contractor Name: _____

State/Province: _____ Country: _____

How many losses by the drilling contractor within the last two years? _____

List any downhole tool losses by the directional drilling contractor within the last two years. Please provide details.

OPERATOR

Check here if same as Named Insured

Operator Name: _____

State/Province: _____ Country: _____

Is this well insured under the operator's Control of Well Policy? YES NO UNKNOWN

How many wells drilled in this field by the operator? _____

How many losses by the operator within the last two years? _____

List any downhole tool losses by the operator within the last two years. Please provide details.

FIELD LOCATION

Field Name: _____

Nearest Town: _____

County: _____

State/Province: _____

Country: _____

WELL INFORMATION

What is the unit of measurement? IMPERIAL (US) METRIC

Is the Well a new Well, Re-Entry or Sidetrack? NEW RE-ENTRY SIDETRACK

If Re-Entry or Sidetrack, please explain _____

If Re-Entry or Sidetrack, have there been any sticking issue in this well? YES NO UNKNOWN

If Re-Entry or Sidetrack, have there been any tool losses in this well? YES NO UNKNOWN

DRILLING INFORMATION

Estimated number of days tools will be in use below the rotary? _____

Will a Top Drive be used? YES NO UNKNOWN

Max Bottom Hole Temperature _____

Max Bottom Hole Pressure _____

Downhole questions

Is the MWD wireline retrievable? YES NO UNKNOWN

What is the target formation? _____

Is this an exploratory well? YES NO UNKNOWN

How many BHA's will be used in this well? _____

Wireline questions

Will logging be performed in open hole or cased hole? _____

What is the length of the wireline tool string? _____

What depth will casing be set at time of logging? _____

WELL SCHEDULE

In order to list multiple wells on this application, all wells must meet the following criteria:

- All wells must have a similar well plan (EX: Casing, Angle, Mud)
- All wells must be drilling for the same target formation
- All wells must be using the same bottom hole assembly and values

#	Well Name	Job Number	Date Tools First Go Downhole	Max Angle	TVD	TMD	KOP	HZ Displacement
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

CASING INFORMATION

Casing Size	Depth	Casing Section	
		<input type="checkbox"/> SURFACE	<input type="checkbox"/> INTERMEDIATE
		<input type="checkbox"/> SURFACE	<input type="checkbox"/> INTERMEDIATE
		<input type="checkbox"/> SURFACE	<input type="checkbox"/> INTERMEDIATE
		<input type="checkbox"/> SURFACE	<input type="checkbox"/> INTERMEDIATE
		<input type="checkbox"/> SURFACE	<input type="checkbox"/> INTERMEDIATE

WELL BORE DETAILS

Hole Section Type	Pipe Size	Open Hole Size	BHA #	Starting Depth	Finish Depth	Max Angle	Mud Type	Mud Weight

