



Oil & Gas Lease Operator / Non-Operator Questionnaire

1. Applicant name: _____
 Address: _____
 Contact name for inspection purposes: _____

2. Operation:
 Number of years in business: _____
 Number of years experience in this operation: _____
 Total payroll: _____
 Gross receipts: _____
 Average number of employees: _____

Named insured: Individual Partnership Joint Venture Corporation

Complete only those sections which pertain to your operations.

3. Non-Operating Working Interest Owner Information

a. Are certificates of insurance required from the lease operators? Yes No

b. Are you named as an additional insured on the lease operators policy, or does the operator's policy have the "Additional Insured-Working Interest" endorsement? Yes No

c. Indicate the number of non-operated wells and your working interest:

| State | Oil | Gas | Saline | Plugged | WI% |
|-------|-------|-------|--------|---------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

d. Any wells within city limits or towns? Yes No

If yes, advise the names of the wells, location, if the wells are fenced, name any surrounding exposure, and if the wells are diked:

| Name | Location | Fenced? | Surrounding Exposure | Diked? |
|-------|----------|--|----------------------|--|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

e. Any wells within oceans, gulfs or bays? Yes No

f. Any hydrogen sulfide wells? Yes No

4. Lease Operator Information

Well Information

a. Indicate the number of producing wells as a lease operator:

| State | Oil | Gas | Depth |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



b. Indicate the number of saline wells as a lease operator:

| State | Oil | Gas | Depth |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

c. Indicate the number of plugged and abandoned and shut-in wells:

| State | Oil | Gas | Depth |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

d. Any wells within city limits or towns? Yes No

If yes, advise the names of the wells, location, if the wells are fenced, name any surrounding exposure, and if the wells are diked:

| Name | Location | Fenced? | Surrounding Exposure | Diked? |
|-------|----------|--|----------------------|--|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

e. Any wells within oceans, gulfs or bays? Yes No

f. Any hydrogen sulfide wells? Yes No

g. Any wells in railroad right-of-ways? Yes No

h. Number of wells to be drilled:

| State | Depth | Vertical | Horizontal |
|-------|-------|----------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

i. Do you operate or have working interest in any gas processing, any gasoline recovery plants or gas sweetening plants? Yes No

If yes, provide details:

5. Pipeline Information

a. Does the pipeline supply any end users? Yes No

b. Does the pipeline transport only your products? Yes No

c. Does the pipeline run through any populated areas? Yes No

d. Number of miles of pipeline: _____

e. Diameter of pipe: _____

f. What is the maximum pressure of the pipeline? _____

g. Are any pipelines buried to a depth of less than 36 inches? Yes No

h. Do any pipelines cross railways, roadways, or bodies of water? Yes No

6. Contractor Information (any applicant who hires contractors must complete this section)

- a. Are certificates of insurance required from contractors? Yes No
 If yes, what minimum limits are required? _____
- b. Are independent contractors required to sign a Master Service Agreement before beginning operations? Yes No
 If yes, what type of agreement is used?
 IADC AOSC API Other (submit copy)
- c. Are you named as an additional insured on the contractor's policies? Yes No
- d. Is a Waiver of Subrogation required of drillers and service contractors? Yes No
- e. How are drilling projects contracted?
 IADC API Footage Daywork Turnkey Other

7. Safety Program

Do you conduct any of the following?

- a. Safety meeting with your employees Yes No
- b. Pre-employment physicals Yes No
- c. Safety incentives Yes No
- d. Regular equipment maintenance Yes No
- e. Drug testing Yes No

8. Employee Information

- a. Do you lease any employees? Yes No
- b. Do you carry Worker's Compensation coverage for your employees? Yes No

9. Prior Carrier and Experience

| Policy Year | Insurance Company | Premium | Losses (Provide details) |
|-------------|-------------------|---------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

This is not a binder of coverage.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance, containing any materially false information, or conceals for the purpose or misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned declares that to the best of his or her knowledge and belief the statements and information in this application are true. The company is hereby authorized to make any investigation and inquiry in connection with the application that it deems necessary.

Dated _____ Signed _____ Title _____

Submitted by (Producer) _____ Date _____