

# NEW WELL REQUEST FORM

NAMED INSURED: \_\_\_\_\_

WELL NAME: \_\_\_\_\_

WELL LOCATION: \_\_\_\_\_

FIELD: \_\_\_\_\_

COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_

DRILLING/WORKOVER: \_\_\_\_\_

OPERATOR: \_\_\_\_\_

WORKING INTEREST TO COVER: \_\_\_\_\_

ESTIMATED SPUD DATE: \_\_\_\_\_

100% INTEREST AFE (COMPLETED): \_\_\_\_\_

DRILLING CONTRACTOR: \_\_\_\_\_

TRUE VERTICAL DEPTH: \_\_\_\_\_

TOTAL MEASURED (HORIZONTAL) DEPTH: \_\_\_\_\_

MAX ESTIMATED MUD WEIGHT: \_\_\_\_\_

OTHER RELEVANT INFORMATION:

*IF WELL IS DEEPER THAN 10,000', PLEASE ATTACH A SCHEMATIC OF THE WELL*