

**CARTER & COMPANY, LLP**  
P. O. DRAWER 672  
LULING, TX 78648  
830-875-3164  
**EQUIPMENT COVERAGE DATA**

1. Assured: \_\_\_\_\_  
(company name)

2. Assured Address: \_\_\_\_\_  
(address, city, state, country, postal code)

3. Assured Phone # \_\_\_\_\_  
(phone number)

4. Operator: \_\_\_\_\_  
(company name)

5. Operator Address: \_\_\_\_\_  
(address, city, state, country, postal code)

6. Well site Contractors: \_\_\_\_\_  
(drilling, drilling mud, directional driller)

7. Well Name: \_\_\_\_\_  
(Well name on Permit) (New well or Redrill) (If re-entry, any sticking or loss problems)

8. Well Location: \_\_\_\_\_  
(Field Name) (Nearest Town) (County, State, Country)

9. Well Information:

Maximum Mud Weight (oil, water or synthetic)	Attach Schematic or fill out	Casing size	Depth	Mud Weight
_____	_____	_____	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____

\_\_\_\_\_

(Total Vertical Depth) (Total Measured Depth) (Horizontal Displacement) (Target Formation) (Kick-off Point)

\_\_\_\_\_

(Smallest ID) (Maximum Bottom hole Temp) (Maximum Estimated Bottom hole Pressure) (Maximum Angle)

\_\_\_\_\_

(Developmental Well or Exploratory) (Target Form. Lithology) (Formation Geologic Age) (Gas or Oil well, %H<sub>2</sub>S, %CO<sub>2</sub>)

10. Approximate date tools go below rotary: \_\_\_\_\_

11. Estimate time tools are in use below rotary: \_\_\_\_\_

12. Is operator (this well) insured under a Control of Well Policy? \_\_\_\_\_

13. Is the MWD wireline retrievable? \_\_\_\_\_

14. Will you use a top drive or a conventional rotary rig? \_\_\_\_\_

15. Years in business: \_\_\_\_\_

16. Experience of application supervisors: \_\_\_\_\_

17. What are your past tool losses in this type of application (when, location, reason for lost)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A WELL SCHEMATIC IF AVAILABLE.**

THIS FORM SHALL ATTACH TO AND FORM A PART OF THE POLICY ISSUED BY LLOYDS OF LONDON

**EQUIPMENT SCHEDULE**

**Value – Enter Total Replacement Cost of Tools**

Option 1 - 100% Replacement Cost Schedule

Option 2 - 50% Replacement Cost Schedule

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>SERIAL NO.</u>	<u>VALUE</u>	<u>OPT.1</u>	<u>OPT.2</u>

MAXIMUM VALUE OF TOOLS DOWNHOLE AT ANY ONE TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Name/Title*

THIS FORM SHALL ATTACH TO AND FORM A PART OF THE POLICY ISSUED BY LLOYD'S OF LONDON

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