



OIL & GAS LEASE OPERATOR/ NON-OPERATOR QUESTIONNAIRE

1. Name of Applicant: _____
2. Mailing Address: _____
3. Location Address: _____
4. Years of experience as a lease operator _____
 (If this is a new venture, please include details of the applicant's experience, including a copy of the applicant's resume or a summary of the applicant's professional qualifications.) _____

GENERAL INFORMATION:

5. Number of Employees _____
6. Estimated Gross Sales: _____ Estimated Gross Payroll: _____
7. Does the insured carry Workers' Compensation Insurance? No Yes
8. Does the insured lease any employees? No Yes
 If "Yes," please explain _____

OPERATIONS

9. Is the applicant an operator of record owning working interest in the wells, who manages lease operations for his co-workers of the working interest? No Yes
10. Is the applicant an operator of record owning working interest in wells, who utilizes a contract operator to manage lease operations? No Yes
11. Is the applicant a promoter selling drilling prospects to operators for a carried interest in the wells? No Yes
12. Is the applicant, a lease operator by contract who does not have a working interest in the wells? No Yes
13. Is the applicant an investor owning a non-operating working interest? No Yes
14. Is the applicant, an operator who services wells for others? No Yes

OPERATOR

Please complete the following section or provide a schedule of the wells

Producing wells:

| State | Oil | Gas | Saline | Shut-In | Average Depth |
|-------|-------|-------|--------|---------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Plugged or Abandoned wells:

| State | Oil | Gas | Saline | Shut-In | Average Depth |
|-------|-----|-----|--------|---------|---------------|
|-------|-----|-----|--------|---------|---------------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Wells to be drilled:

| State | Oil | Gas | Estimated Depth | Vertical | Horizontal |
|-------|-----|-----|-----------------|----------|------------|
|-------|-----|-----|-----------------|----------|------------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

15. How are the drilling operations contracted? [] IADC [] API [] Other (copy attached)
Footage _____% Daywork _____% Turnkey _____%
16. Do you require all subcontractors to sign and have a Master Service Agreement (MSA) on file with your office? If "Yes," what form of MSA do you use? [] IADC [] API [] Other (copy attached) No Yes
17. Does the insured maintain an approved contracts list? No Yes
18. What limits of liability are required of contractors and subcontractors? _____

19. Do you require contactors and subcontractors to purchase the following:
- a. Comprehensive General Liability? No Yes
 - b. Contractual Liability? No Yes
 - c. Completed Operations? No Yes
 - d. Coverage for Explosion? No Yes
 - e. Coverage for Blowout & Cratering? No Yes
 - f. Coverage for Underground Resources? No Yes
 - g. Coverage for Saline Contamination? No Yes
20. Are certificates of insurance required from all contactors and subcontractors? No Yes
21. Does the insured require Waiver of Subrogation from all contactors and subcontractors? No Yes
22. Does the insured require that they be named as an Additional Insured on the contractors or subcontractors policies? No Yes
23. Are all well site fenced in (including pump jacks, tank batteries, separators, etc.)? No Yes
24. Is there any livestock on the lease area? No Yes
25. Do you have any storage tanks? No Yes
26. If so, are they fully diked? No Yes
27. Are there any secondary recovery operations? No Yes

28. What is the amount the insured expects to spend as an operator on independent contractors for:

Lease work: _____

Work over: _____

Drilling: _____

29. Are there any wells with the city or town limits? No Yes

30. Are there any wells in or near railroad right-of-ways? No Yes

31. Are there any wells located within oceans, gulfs, or bays? No Yes

32. Are there any wells within inland waterways, lakes or marsh areas? No Yes

33. Are there any H2S wells? No Yes

PIPELINE INFORMATION

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

If "Yes," please explain: _____

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

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

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

38. Number of miles of pipeline _____

39. Diameter of the pipe _____

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

41. Are any pipelines buried to a depth of less than 36" (inches)? No Yes

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

NON-OPERATOR

43. Do you obtain certificates of insurance from the operator? No Yes

44. Are you named as an Additional Insured on the operators policy? No Yes

45. Are there any wells located within oceans, gulfs or bays? No Yes

46. Are there any wells within inland waterways, lakes or marsh areas? No Yes

47. Are there any H2S wells? No Yes

48. Indicate the number of non-operated wells with 0-25% working interest:

| State | Oil | Gas | Saline | Shut-In | Average Depth |
|-------|-------|-------|--------|---------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

49. Indicate the number of non-operated wells with 26-50% working interest:

| State | Oil | Gas | Saline | Shut-In | Average Depth |
|-------|-------|-------|--------|---------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

50. Indicate the number of non-operated wells with more than 50% working interest:

| State | Oil | Gas | Saline | Shut-In | Average Depth |
|-------|-------|-------|--------|---------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

51. Indicate the number of wells to be drilled as a non-operator:

| State | Oil | Gas | Est. Depth | Vertical | Horizontal |
|-------|-------|-------|------------|----------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 * not applicable in all states

Signature and title of Applicant: _____ Date: _____

Signature of Producer: _____ Date: _____