

Oil & Gas Lease Operator Supplemental Questionnaire

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Submissions: oil-gas@skywardinsurance.com

Applicant/Insured Name:

IS THE INSURED: (Check all that apply)

- a) a landowner or an investor owning a non operating working interest?
- b) a promoter selling operating interests?
- c) a developer who contracts to have wells drilled and placed in production?
- d) an operator who manages producing wells for others who have a non operating interest?
- e) lease operator by contract?
- f) pumper/gauger for others?

YES	NO

YEARS IN BUSINESS:

YEARS OF EXPERIENCE:

LIST THE NUMBER OF:

- a) Producing wells: Oil Gas SWD
- b) Wells to be drilled this policy period: Oil Gas SWD
- c) Plugged and/or abandoned wells:
- d) Do you have any wells operating on enhanced recovery with:

YES	NO
CO2 injection?	
Nearby habitation exposure?	
- e) Do you operate any hydrogen sulfide wells (H2S)?

If yes, number of wells?	<input style="width: 30px;" type="text"/>		
Concentrations?	<input style="width: 30px;" type="text"/>	ppm	
- f) Number of H2S wells listed above located inside city limits:

NONOPERATING WORKING INTEREST OWNER INFORMATION:

- a) Number of wells: Oil Gas SWD
- b) Do you obtain and regularly update Certificates of Insurance from all well operators?

YES	NO
- c) Are you named as an additional insured – non operating interest on the operator's policy?

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- d) Indicate states where well(s) are located:
- e) Are any wells located within the corporate limits of any city or town?

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If yes, how many?

f) Are any wells located in any ocean, gulf, bay, marsh or other body of water? [] []
 If yes, how many? []

OPERATOR INFORMATION:

	YES	NO
a) Indicate state(s) where the well(s) are located: []		
b) Are any wells located within the corporate limits of any city or town? If yes, how many? []		
c) Are any wells within 1,000 feet of occupied structure?		
d) Are any wells located in any ocean, gulf, bay, marsh or other body of water?		
e) Do you supply house gas? If yes, how many taps? [] If yes, is there a hold-harmless agreement in your favor for all taps? If yes, is there a pressure regulator for each tap? If yes, is there a written requirement for the homeowner to odorize the gas?		
f) Are well sites fenced, including pump jacks, tank batteries, separators, etc?		
g) Are tank batteries diked?		
h) Are there any livestock on the lease area?		
i) Are your locations frequently inspected/documented? Frequency? []		
j) How many wells have you had drilled within the last 12 months? []		

INDEPENDENT CONTRACTORS AND/OR CONTRACT PUMPERS:

a) Are they required to sign standard Master Service Agreements before they begin work for you? (Submit copies of contractual indemnity agreements you use if other than standard IADC, API, AESC and insurance requirements).		
b) Are they required to carry limits of liability coverage equal to your own?		
c) Do you require that they have coverage for Underground Property Damage?		
d) Do you require that they have coverage for Pollution hazards?		
e) Do you obtain and regularly update Certificates of Insurance from your contractors?		
f) Waiver of Subrogation required from drillers, workover contractors or other support services?		
g) Are you named as an additional insured on contractors' policies?		
h) Do you hire contractors providing hydraulic fracturing on your behalf?		
If so, is the contractor in compliance with the 2015 federal fracturing rules on federal lands?		

AMOUNT INSURED EXPECTS TO SPEND ON INDEPENDENT CONTRACTORS:

a) Workover \$ _____
 b) Lease operations \$ _____
 c) Drilling \$ _____
Total Subcontract Cost \$ _____

DOES THE INSURED OPERATE, OR HAVE AN INTEREST IN:

		YES	NO
a)	Any gas processing, squeezing or sweetening facilities? If yes, please provide details: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Gasoline recovery [distillate] plants? If yes, please provide details: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Do you operate any gathering systems that are primarily servicing 3rd party wells? If yes, number of gathering systems? <input type="text"/> If yes, how many miles of gathering systems? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Any DOT regulated systems? Details including miles of pipe & pipe diameter: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL CONCERNS:

		YES	NO
a)	Do you have a Spill Prevention Control and Countermeasure Plan? Last update? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Have you experienced any spills, releases or other environmental impacts?	<input type="checkbox"/>	<input type="checkbox"/>
c)	Are any locations effected by NORM?	<input type="checkbox"/>	<input type="checkbox"/>
d)	Are your operations in compliance with SARA Emergency Planning and Community Right-to-Know Act?	<input type="checkbox"/>	<input type="checkbox"/>
e)	If you have disposal wells, are others allowed to use? If yes, what controls are in place? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	Have you purchased producing wells in the past year? If yes, was an environmental study done? If problems indicated, describe: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insured Signature / Date

Agent Signature/ Date