

# Westchester

A Chubb Company

## LEASE OPERATOR SUPPLEMENTAL APPLICATION

1. Applicant: \_\_\_\_\_
2. Description of operations: (check all that apply)  
 Operator                                      Contract Operator                      Non-Operating Working Interest  
 Drilling Contractor                      Well Servicing
3. Well Information: **ATTACH WELL SCHEDULE**

State	# Producing	Shut In	SWD/ Injection	Temp. Abandoned	Plugged
NOWI Only					

4. Any town-site wells? If so please provide specific details and distance to nearest occupancy area \_\_\_\_\_
5. Any wells located in Ocean, bay, marsh, gulf etc. If so please provide full details: \_\_\_\_\_
6. Do you supply house gas? Yes      No
- a. Do you have tap agreements in place Yes      No
- b. Written requirement for owner to odorize \_\_\_\_\_
7. Wells to be drilled in next twelve months \_\_\_\_\_
- a. **Attach drilling schedule**
- b. Total footage planned \_\_\_\_\_
- c. Type contracts used \_\_\_\_\_
8. Number of wells drilled last 12 months \_\_\_\_\_
9. Do you carry Control of Well Coverage-  
     All Wells                      Only wells being drilled  
 Limits of Liability \_\_\_\_\_  
 Coverage includes pollution \_\_\_\_\_
10. Contractual Controls
- a. Form of Master Service Agreement used: \_\_\_\_\_
- b. Percentage of sub-contractors where MSA in place \_\_\_\_\_
- c. Certificates of insurance required Yes      No
- d. Additional Insured status for yourself on sub-contractors coverage Yes      No
- e. Waiver of subrogation Yes      No
11. Annual sub-contractor cost \_\_\_\_\_
12. Estimated Annual revenue \_\_\_\_\_ Employee Turnover Rate \_\_\_\_\_
13. Do you have a written spill prevention containment and countermeasure plan? Yes      No
14. Are all above ground tanks diked to 150% of capacity? Yes      No

Authorized Signature \_\_\_\_\_