

Downhole Tool Insurance  
 Equipment Coverage  
 Application (ECD)



Send Application To:  
[service@transpacmgrs.com](mailto:service@transpacmgrs.com)

- 1) Named Insured:  
 Address:  City  State/Prov  Zip Code
  
- 2) Directional Drilling Contractor:  
 Address:  City  State/Prov  Zip Code
  
- 3) Operator:  
 Address:  City  State/Prov  Zip Code
  
- 4) Is this well insured under the operators Control of Well Policy?  
 Yes  No  Unknown
  
- 5) How many wells have been drilled in this field by the operator?
  
- 6) List any downhole tool losses by the operator within the last two years ? (Please provide details)
  
- 7) List any downhole tool losses by the contractor within the last two years ?  
 (Please provide details)

8) Well Schedule

In order to list multiple wells on this application, all wells must meet the following criteria:

- 1 All wells must have a similar well plan (Ex: Casing, Angle, Mud)
- 1 All wells must be drilling for the same target formation
- 1 All wells must be using the same bottom hole assembly and values

	<b>Well Name &amp; Job Number</b>	<b>Date Tools First Go Downhole</b>	<b>Maximum Angle</b>	<b>TVD</b>	<b>TMD</b>	<b>KOP</b>	<b>HZ Displacement</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

9) Well Location

Field Name:  
Nearest Town:  
County:  
State/Province  
Country

10) New Well If re-entry or sidetrack explain:

Re-Entry  
Sidetrack

11) Estimated number of  
day's tools will be in use  
below the rotary?

12) Is the MWD wireline retrievable?      Yes                      No                      Unknown

13) Is this an exploratory well?      Yes                      No                      Unknown

14) Will a top drive be used?      Yes                      No                      Unknown

15) What is the target formation?

16) How many BHA's will be used in this well?

17) Max Bottom Hole Temperature:

18) Max Bottom Hole Pressure

19) Casing Details

Casing Size	Depth

20) Well Bore Details

Hole Section Type	Pipe Size	Open Hole size	BHA #	Starting Depth	Finish Depth	Max Angle	Mud Type	Mud Weight

21) Equipment Schedule

BHA #1		Build Section			
BHA #	# of Items	Item Description	Manufacturer	100% Replacement Cost Value	Value to be Insured
1					
1					
1					
1					
1					
1					
1					
1					

Total Value Insured:

Maximum Value of Tools Downhole At Any One Time:

BHA #2		Lateral Section			
BHA #	# of Items	Item Description	Manufacturer	100% Replacement Cost Value	Value to be Insured
2					
2					
2					
2					
2					
2					
2					
2					

Total Value Insured:

Maximum Value of Tools Downhole At Any One Time:

**By signing this application, I hereby verify that the data provided in the application is true and accurate.**

Signature:

Digital Signature:

Date Application Completed: