



Casualty & Surety, Inc.
 100 Corporate Parkway, Suite 350
 Birmingham, AL 35242

205.995.0713 Phone
 205.995.0862 Fax
 WWW.CSIAPEX.COM

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? ___ YES ___ NO
8. Does the insured lease any employees? ___ YES ___ NO
 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? ___ YES ___ NO
10. Is the applicant an operator of record owning working interest in wells, who utilizes a contract operator to manage lease operations? ___ YES ___ NO
11. Is the applicant a promoter selling drilling prospects to operators for a carried interest in the wells? ___ YES ___ NO
12. Is the applicant, a lease operator by contract who does not have a working interest in the wells? ___ YES ___ NO
13. Is the applicant an investor owning a non-operating working interest? ___ YES ___ NO
14. Is the applicant, an operator who services wells for others? ___ YES ___ NO

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? YES NO
 If "Yes," what form of MSA do you use? IADC API Other (copy attached)

17. Does the insured maintain an approved contracts list? YES NO

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? YES NO
- b. Contractual Liability? YES NO
- c. Completed Operations? YES NO
- d. Coverage for Explosion? YES NO
- e. Coverage for Blowout & Cratering? YES NO
- f. Coverage for Underground Resources? YES NO
- g. Coverage for Saline Contamination? YES NO

20. Are certificates of insurance required from all contactors and subcontractors? YES NO

21. Does the insured require Waiver of Subrogation from all contactors and subcontractors? YES NO

22. Does the insured require that they be named as an Additional Insured on the contractors or subcontractors policies? YES NO

23. Are all well site fenced in (including pump jacks, tank batteries, separators, etc.)? YES NO

24. Is there any livestock on the lease area? YES NO

25. Do you have any storage tanks? YES NO

26. If so, are they fully diked? YES NO

27. Are there any secondary recovery operations? YES NO

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 within the city or town limits? YES NO

30. Are there any wells in or near railroad right-of-ways? YES NO

31. Are there any wells located within oceans, gulfs, or bays? YES NO

32. Are there any wells within inland waterways, lakes or marsh areas? YES NO

33. Are there any H2S wells? YES NO

PIPELINE INFORMATION

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

If "Yes," please explain: _____

35. Does the pipeline supply any end users? YES NO

36. Does the pipeline transport only your products? YES NO

37. Does the pipeline run through any populated areas? YES NO

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)? YES NO

42. Do any pipelines cross railways, roadways, or bodies of water? YES NO

NON-OPERATOR

43. Do you obtain certificates of insurance from the operator? YES NO

44. Are you named as an Additional Insured on the operators policy? YES NO

45. Are there any wells located within oceans, gulfs or bays? YES NO

46. Are there any wells within inland waterways, lakes or marsh areas? YES NO

47. Are there any H2S wells? YES NO

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	Estimated 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: _____