

# WELLHEAD & SURFACE EQUIPMENT SCHEDULE

Named Insured \_\_\_\_\_

Date Submitted \_\_\_\_\_

(List one well site per column- each blank must be filled in)

Well Name					
Section					
Township					
County					
State					
Values: Tanks					
Pumps					
Well Derricks					
Pull Rods- above the surface of the earth and not in any well, wellbore, or borehole					
Machinery					
Pipe- above the surface of the earth and not in any well, wellbore, or borehole					
Personal Property of a Mobile or Floating Nature					
All Other Similar Equipment					
Crude Petroleum					
Total at site					

Note: Use "NIL" if coverage for a particular item is not to be covered at a well site

Use "INCL" for items which service more than one well site. Then place one value at one site to show coverage amount desired for that item.