

Failure Data Reporting

WELL IDENTIFICATION

*Lease No.: _____ *Well No.: _____ API Well No.: _____

RIG OWNER INFORMATION

*Rig Owner / Drilling Contractor: _____

*Rig Name: _____

*Operator: _____ *Operator Contact Email: _____

EQUIPMENT DATA

*Subsea / Surface BOP:

*System Integrator (OEM): _____

*Subunit:

*Item:

*Component:

*Component Manufacturer: _____

Observed Failure:

*Model: _____

*Size: *Pressure Rating: psi

*OEM Part Number: _____ OEM Serial Number: _____

EVENT DATA

Site Specific Information:

Rig Operation at the time of event: _____

*Location (Region): *Location (Country):

*Water Depth: Feet

Control Fluid (Manufacturer / Model): _____ / _____

Concentration: _____ % Glycol: _____ %

Was the last sample acceptable?: Date of last sample: _____

Event

*Incident Date: _____

*Where did the failure occur?:

*Description of Event:

*Did the event cause a BOP Stack pull?

HSE Incident:

Other/Comment:

Note - Fields mark with "*" are mandatory.