

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 marked with "*" are mandatory.