



APPLICATION FOR ACCREDITATION

Well Control for Underbalanced Drilling – Supervisory Level Course Second Edition

Part 1: Provider Information

Part 4: Administration

Part 2: Course Design and Delivery

Part 5: Quality Control

Part 3: Instructors

Instructions

To facilitate processing of an accreditation application, this form must be used by the applicant to describe the structure, format, and administration of its well control training facilities and course offered. Please follow the instructions provided for each section. All responses (except signatures) should be printed or typed.

All items in this document must be completed. If an item is not applicable, it should be marked N/A. This booklet may be disassembled and portions copied as needed to allow the applicant to provide all requested information. When returning this document to IADC, please securely affix attachments.

Additional required attachments include course outline, at least one test used in the course, manuals, handouts, or other student materials, floor plans, cross reference tool, simulator descriptor, and application for each new instructor listed. For the most expedient results, this form and attached materials should be submitted in English. IADC will accept submissions in other languages, but processing of these applications may be delayed by translation.

Please complete all portions of the application and attach supporting documentation:

- WCT-02_Cross-reference tool
- WCT-03F_Floor plan(s) for each training facility
- WCT-04_Attestation & Agreement (signed)
- WCT-05_Instructor & Skills Assessor Application (for new instructors only)
- WCT-14 _Request for Exception (if needed)
- Course outline/agenda
- Course manual
- Payment of application fee (See WCT-06 Schedule of Fees for details.)
- Any other supporting documentation (e.g., trainee handouts, certificates, policies and procedures, custom skills assessment template)

Note: For Introductory-Level Accreditation, complete WCT-03WSI.

PART 1: PROVIDER INFORMATION

Name of company or institution (designated the “accreditable unit”):

Accreditation #:

Parent Organization (if different from accreditable unit):

Date Submitted:

Has your company operated under a different name in the past 5 years? Yes No

If **YES**, prior name:

Does the company have a website address? Yes No

If **YES**, please provide the web address:

1.1 Type of Training Provider (Check only one.)

- Drilling Contractor
- Ancillary Service Contractor
- Nonprofit Training Organization
- Operator/Producer Company
- Commercial Training Organization
- University (specify name)
- Other (explain)

Does this applicant provide or intend to provide WellCAP® training for employees of other businesses?

Yes No

Does this applicant provide or intend to provide traveling WellCAP® training away from its primary facility or site?

Yes No

Does this applicant hold other IADC accreditations or have they held one in the past? Yes No
If yes, list the accreditation and date when training was first accredited.

Also list accreditations and dates when training was suspended or discontinued.

In the space below, list government agencies or industry groups that have previously approved or recognized the well control training course(s) offered by this training applicant.

Please attach copies of certificates of approval or letters of recognition.

List the total number of well control students trained in previous calendar year:

1.2 Provider's Primary Administrative Location ("Accreditation Location") No PO Boxes

Address Line 1

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

1.3 Billing Address of Provider (if different from accredited offices)

Address Line 1:

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

1.4 Contact InformationResponsible Corporate Official

First (Given) Name:

Middle Name:

Last (Family) Name:

Job Title:

Phone:

Alternate #:

Email Address:

Administrative Contact/Correspondent (person responsible for ordering and reporting Certificates of Completion):

First (Given) Name:

Middle Name:

Last (Family) Name:

Job Title:

Phone:

Alternate #:

Email Address:

1.5 Training Facility Locations

List all **fixed** training facility locations administered from the Primary Location and to be included in this accreditation.

Facility Address	City	State	Country
1.			
2.			
3.			
4.			
5.			
6.			
7.			

PART 2: COURSE DESIGN AND DELIVERY

2.1 Course Level

UBDS - Underbalanced Drilling Supervisor

2.2 Course Delivery

2.2.1 Course Language(s)

Language(s) in which this course will be taught.

English Spanish Arabic Mandarin Other (specify):

2.2.2 Required Attachments and Inclusions

Attach all of the items listed below for each language in which the course is delivered:

- Course outline
- At least one example test that is used in this course
- Manuals, handouts, or other student materials
- Completed WellCAP *Cross-reference Tool* for appropriate course type

2.2.3 Class Size

Maximum class size for which course is designed (NOTE: refer to WCT-01):

2.2.4 Course Duration

Indicate scheduled amount of course time in hours and minutes. (Note: Refer to the Handbook for Accreditation, WCT-01, for required minimum course duration times.)

Total length of course (excluding assessment): _____ hrs _____ min

Maximum delivery time per day: _____ hrs _____ min

2.2.5 Course Composition

List approximate percentage of time that each of the following components will be used in this course based on the minimum time requirement. List percentages, not times. Ranges are acceptable.

Lecture-discussion-demonstration: _____ %

Simulation:* _____ %

Hands-on activities (other than simulation): _____ %

Audiovisual (slides, film, video, etc.): _____ %

List AV titles:

*NOTE: Minimum of 30% of course time is to be dedicated to simulation exercises.

2.3 Training Facility Requirements

2.3.1 Facility Floor Plans

Attach Form WCT-03f Facility Floor Plan form for each **fixed** facility/location listed in Section 1.5.

How many WCT-03f Floor Plan submissions are attached? _____

Does each training facility listed in Section 1.5 meet all local, state, and national regulations applicable to public buildings? Yes No If not, list each facility that is not compliant.

Note: Complete Section 2.3.2 for Traveling School facilities.

2.3.2 Traveling School Facilities (if applicable)

List location(s) (i.e., city, state, and country) of traveling school facilities if known at time of application:

IADC recognizes that the applicant may not have floor plan(s) available for facilities at which Traveling Schools will be held. If floor plans are not available, please describe the applicant's minimum facility requirements for the well control training site (e.g., minimum room sizes, minimum lighting requirements, maximum noise levels, minimum environmental controls, Internet connectivity, etc.). Sites should provide an environment conducive to learning and testing.

Minimum Traveling School Site Requirements:

Describe any Internet issues expected at traveling school locations:

2.3.3 Equipment

Well Control Simulators (Complete this form for each simulator.)

Copy this form and attach as needed for additional simulators.

Select the type of well control simulator used in well control training by the applicant.

Mechanical Electronic

Accreditation Location:

Room #:

Simulator manufacturer and model number:

Date Built:

Number of simulators in this model:

Type of simulator

Full-scale rig floor simulator

Portable simulator

Other (specify with description):

Capabilities

Check each function listed below that may be demonstrated or tested on this simulator.

- Displays standpipe pressure at normal and slow pump rates
- Displays drill pipe (tubing) and annulus (casing) pressures
- Simulates a kick and displays pump pressure, shut-in drill pipe (tubing) pressure (SIDPP), and shut-in casing (annular) pressure (SICP)
- Shows pump pressure as trainee brings pump on or off line and simulates bottomhole pressure changes when trainee manipulates choke and pump rate (speed)
- Shows initial and final pump pressure when trainee circulates out a kick
- Shows changes in SIDPP and SICP as trainee manipulates choke to circulate out a kick
- Allows trainees to determine choke-line frictional pressures at various slow pump rates
- Displays adjusted circulating pressures to compensate for choke-line friction
- Shows effects on SIDPP and SICP when trainee adjusts choke
- Displays effects of hole in drill pipe (or tubing) and plugged bit or workstring
- Can be configured to accommodate wireline and coiled-tubing well control problems
- Can be configured to accommodate stripping and snubbing operations

For which elements of well control training will this simulator be used?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Demonstration or instruction only | <input type="checkbox"/> Testing only |
| <input type="checkbox"/> Demonstration, instruction, and testing | <input type="checkbox"/> N/A |

List any modifications or upgrades that have been made to this simulator.

Provide approximate dates and, if possible, name of company or firm that performed modification or upgrade.

Live Wells

Use this section to describe live test wells used in well control training by this applicant (if applicable).

Copy this form and attach as needed for additional live test wells.

(Note: Use this section for live test well only. Do not include well simulators in this section.)

Well identification (if any):

Depth:

Capabilities

Check each function listed below that may be demonstrated or tested with equipment located on this well.

- Displays standpipe pressure at normal and slow pump rates
- Displays drill pipe (tubing) and annulus (casing) pressures
- Simulates a kick and displays pump pressure, shut-in drill pipe (tubing) pressure (SIDPP), and shut-in casing (annular) pressure (SICP)
- Shows pump pressure as trainee brings pump on or off line and displays bottomhole pressure changes when trainee manipulates choke and pump rate (speed)
- Shows initial and final pump pressure when trainee circulates out a kick
- Shows changes in SIDPP and SICP as trainee manipulates choke to circulate out a kick
- Allows trainees to determine choke-line frictional pressures at various slow pump rates
- Displays adjusted circulating pressures to compensate for choke-line friction
- Shows effects on SIDPP and SICP when trainee adjusts choke
- Displays effects of hole in drill pipe (or tubing) and plugged bit or workstring
- Can be configured to accommodate wireline and coiled-tubing well control problems
- Can be configured to accommodate stripping and snubbing operations

For which elements of well control training will this live well be used?

- Demonstration or instruction only
- Testing only
- Demonstration, instruction, and testing
- N/A

Additional information about how the live well will be used for training:

Miscellaneous Equipment

Use this section to list miscellaneous training aids or equipment that may be used in well control training by the applicant. Do not list basic equipment such as chalkboards, flip charts, desks, chairs, etc.

Videocassette and DVD players

Number of videocassette players:

Number of DVD players:

Slide, film, and video projectors

Number of slide projectors:

Number of film projectors:

Number of video projectors:

Interactive learning systems

Check interactive systems that are used by this applicant for well control training

- Multimedia PC (MPC) CD-Interactive (CDI) Laserdisc
 Other (description):

Other equipment

List other learning aids or equipment used for well control training.

2.4 Student Assessment

Instructions: Complete this section to document the training applicant's policies and procedures in administering the operation of its educational facilities. If more space is needed, type or print responses on plain 8 ½ x 11 or A4 paper and attach to the application.

How often are tests given during a typical course? (Check all that apply)

- Daily
 After each major topic or unit of instruction
 Midway and at the end of the course
 At the end of the course
 Other (please describe):

Who is responsible for scoring tests?
List functions and titles of persons responsible:

What is the applicant's policy regarding missed tests or portions of tests?

Applicant follows WellCAP® policy

Applicant follows its own policy

If applicant follows its own policy, please state:

What is the applicant's policy regarding resetting of failed tests or portions of tests?

Applicant follows WellCAP® policy

Applicant follows its own policy

If applicant follows its own policy, please state:

What is the applicant's policy regarding revision and redesign of tests?

Applicant follows WellCAP® policy

Applicant follows its own policy

If applicant follows its own policy, please state:

Explain methods applicant uses to ensure security and confidentiality during testing.

Explain procedures and methods applicant uses to ensure that tests are not improperly copied or disbursed.

PART 3: INSTRUCTORS

Currently Approved Instructors

List instructors who are currently approved to provide WellCAP training for your company. Please list the instructor's name, check the course the instructor is approved to teach, and provide the instructor's certificate number. You will see an explanation of the codes at the bottom of the section. IADC staff will verify the approval status of each instructor you list in this section. No other application or evidence of approval is required. **Copy this page if needed for additional instructors.**

Name	Course(s) approved to teach				
First (Given) Name: Middle Name: Last (Family) Name:	<input type="checkbox"/> UBD Level: <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SO <hr/> Instructor's Cert. #				
First (Given) Name: Middle Name: Last (Family) Name:	<input type="checkbox"/> UBD Level: <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SO <hr/> Instructor's Cert. #				
First (Given) Name: Middle Name: Last (Family) Name:	<input type="checkbox"/> UBD Level: <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SO <hr/> Instructor's Cert. #				
First (Given) Name: Middle Name: Last (Family) Name:	<input type="checkbox"/> UBD Level: <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SO <hr/> Instructor's Cert. #				
Approved Courses					
UBD - Underbalanced Drilling	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Level</th> <th style="width: 33%;">Stack Quality</th> </tr> <tr> <td>S – Supervisory</td> <td>SO – Surface Only</td> </tr> </table>	Level	Stack Quality	S – Supervisory	SO – Surface Only
Level	Stack Quality				
S – Supervisory	SO – Surface Only				

New Instructors

If you are submitting new instructors, please submit WCT-05 for each. List here all new instructors for which you are requesting approval. DO NOT include instructors already listed in the previous section.

Form WCT-05 should be appended to this application for each new instructor.

Names of New Instructors		
First (Given) Name	Middle Name	Last (Family) Name

PART 4: ADMINISTRATION

4.1 Course Registration

What process is in place to verify and record each student's identity? (Check all that apply.)

- Photo ID, such as a driver's license, passport, etc.
- Trainee's photo taken at the beginning of course
- Other, please describe

4.2 Issuance of Certificates

Who will be responsible for issuing Certificates of Completion?

Name: _____ Email: _____

4.3 Records

How does the applicant track and record trainee attendance?

- Applicant follows WellCAP® specifications
- Applicant follows its own specifications

If applicant follows its own specifications, please state:

What is applicant's policy regarding missed classes or portions of classes?

- Applicant follows WellCAP® policy
- Applicant follows its own specifications

If applicant follows its own specifications, please state:

List student and course records to be maintained.

How does the applicant maintain student and course records on courses it conducts?

- Applicant follows WellCAP® requirements
 Applicant follows another method of record keeping

Please explain:

How long does the applicant retain records?

Explain methods the applicant uses to ensure security of tests (if applicable) and confidentiality of student records.

PART 5: QUALITY CONTROL

Describe the process in place for periodic review of WellCAP® course content and delivery:

How does the applicant monitor the performance and effectiveness of its instructors?

Does the applicant have a process for obtaining student feedback on the following?

Course content Yes No

Instructors Yes No

List method(s) of student feedback or other instructor evaluation.

Please attach examples of evaluation forms used.