



WellCAP®

IADC WELL CONTROL ACCREDITATION PROGRAM

**PROGRAM SELF-CERTIFICATION
INTRODUCTORY LEVEL, DRILLING/WORKOVER & COMPLETION**

**FORM WCT-20
REVISION 100407
(DO NOT MODIFY THIS FORM)**

BASIC REQUIREMENTS

- This form is to be used to document the methods the company uses to provide instruction at the Introductory Level. Schools that intend to teach the Introductory Level *only* should submit this form with Form WCT-19. Schools that intend to teach at additional levels should submit this form with Form WCT-3, or should have previously submitted WCT-3 with their initial application for accreditation.
- **The recommended minimum instruction time for an Introductory Level WellCAP course is eight hours.** The instruction does not have to be given all at once but should be completed within a six-month period. *The order in which the instruction is given is at the discretion of the accreditation holder* – it does not have to be given in the order presented here. The Applicant must describe the process of identifying/designating facilitators/instructors and how the program will be administered.
- A person with a valid recognized fundamental/driller or supervisory level well control certificate must sign off documentation of training delivery and successful completion of pit and trip drills.
- Copies of any handbooks, manuals, videos or other instructional aids, checklists and tests must be submitted with this application.

CONTENTS

- PART 1 – PROGRAM SELF-REVIEW**
- PART 2 – INSTRUCTIONAL MATERIALS**
- PART 3 – DELIVERY PROCESS & ADMINISTRATION**
- PART 4 – ATTESTATION & AGREEMENT**

**Name of Company or
Institution:** _____

**IADC WELL CONTROL ACCREDITATION PROGRAM
FORM WCT-20**

PROGRAM SELF-CERTIFICATION WORKSHEET

PURPOSE

To expedite processing of an accreditation application, this form must be used by the applicant agency to describe the structure, format and administration of its Introductory Level WellCAP program. Please follow the instructions provided for each section.

Objective:

The key objective of the Introductory Level of WellCAP is to provide new employees with a basic familiarity of the principles of well control and the operation of standard equipment related to well control.

PART 1: PROGRAM SELF-CERTIFICATION WORKSHEET

To complete this section, the applicant agency must conduct a detailed self-review of its program curriculum compared to the Suggested Curriculum Outline of the IADC Well Control Accreditation Program (WellCAP). Contents of this outline appear in the TOPICS column on the PROGRAM SELF-CERTIFICATION WORKSHEET below.

For each topic area in Part 1, the applicant agency must provide the following information:

Where Provided

This column pertains to the primary location where this topic is conveyed to the participant. Choose from the list below.

- **CLASSROOM (CLS)** Provided in a dedicated facility (temporary or permanent) *removed from the work site* and intended for use by a group of persons. This may include a company training facility, a room at an educational institution, or a room used only on occasion, such as a meeting room at a hotel.
- **POINT OF HIRE (POH)** Provided in an administrative office or other business facility where employees are regularly hired, either individually or in a small group.
- **POINT OF TRANSIT (POT)** Provided at a heliport, boat dock, or other transportation-related facility regularly used for travel to the work site, either individually or in a small group.

- **WORK SITE (WST)** Provided at the drilling location or on a platform or mobile offshore drilling unit, either individually or in a small group.
- **OTHER (OTH)** Provided at any other location not fully described above.

How Instructed

This column pertains to the method, technique, or teaching aid used to convey this topic. Choose from the following list of primary means through which this topic is ordinarily conveyed to the participant during the instruction:

- **LECTURE/DISCUSSION (L/D)** Instructed in a group setting (two or more participants) led by an instructor or facilitator.
- **AUDIOVISUAL (A/V)** Instructed primarily through traditional audiovisual methods, such as slide/tape or videotape.
- **INDIVIDUAL (IND)** Instructed on a one-on-one basis by an operations or safety professional or other qualified person.
- **CBT (CBT)** Computer -based training.
- **OTHER (OTH)** Instructed by any other method not described above.

How Documented/Measured

Use this column to denote how a participant's involvement in the course is documented or measured. Choose from the list below.

- **CHECKLIST (CHK)** The participant's training is documented using a checklist initialed or signed by the participant and the instructor, supervisor, personnel or safety representative or other qualified person.
- **TEST (T)** Participants are administered a written test to measure acquisition and retention of the topics presented in the course.
- **BOTH (B)** the participant training is documented through both a checklist and test as described above.
- **OTHER (OTH)** Any other method that is not fully described above, such as a test administered and recorded by a computer.

Time Allocated

In this column, indicate the approximate amount of time customarily allocated to the discussion or instruction on this subject, in hours and minutes (HH:MM, where 30 minutes would be expressed as 00:30).

COMPLETED WORKSHEET

All items listed above must be completed unless otherwise indicated. If an item is not applicable, it should be marked as "N/A."

IADC WELL CONTROL ACCREDITATION PROGRAM (WELLCAP)

PROGRAM SELF-CERTIFICATION WORKSHEET

PART 1: PROGRAM SELF-REVIEW (Refer to instructions on preceding pages)

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
<i>I. Causes of Kicks</i>				
A. Unintentional flow or “kick” from a formation				
B. Intentional flow from a formation				
Total Time Allocation – Section 1				
<i>II. Kick Detection</i>				
A. Kick indicators				
B. Warning signs of kicks				
C. Importance of timely response to kick indicators				
Total Time Allocation – Section 2				
<i>III. Pressure Concepts</i>				
A. Types of pressure				
Total Time Allocation – Section 3				
<i>IV. Procedures</i>				
A. Flow checks				
B. Shut-in & verification of shut-in				
C. Well monitoring during shut-in				
D. Tripping				
E. Shallow gas hazards				
Total Time Allocation – Section 4				

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
V. Gas Characteristics and Behavior				
A. Gas types				
B. Gas density				
C. Migration				
Total Time Allocation – Section 5				
VI. Fluids				
A. Types of wellbore fluids				
Total Time Allocation – Section 6				
VII. Constant Bottomhole Pressure Well Control Methods				
A. Objectives of constant bottomhole pressure methods				
B. Principles of constant bottomhole pressure methods				
C. Well control procedures				
Total Time Allocation – Section 7				
VIII. Equipment				
A. Well control related instrumentation				
B. BOP configuration				
C. Manifolds and piping				
D. Auxiliary well control equipment				
E. BOP closing unit: function and performance				
F. Workover/Completion equipment				
Total Time Allocation – Section 8				

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
<i>IX. Government, Industry and Company Rules, Orders and Policies</i>				
A. Incorporate by reference regional and/or local regulations, and/or company specific policies where required				
Total Time Allocation – Section 9				
Total Time Allocation – All Sections				

PART 2: INSTRUCTIONAL MATERIALS

In the space provided below, provide a brief description of any instructional materials used as a part of the applicant's WellCAP program which have been referenced in Part 1 (handouts, textbooks, audiovisual aids, etc).

Example: If an applicant marked "Video" in the "How Instructed" column in Part 1, details about the video used should be listed below.

Provide the following information for each item:

TITLE OR DESCRIPTION: List the title of the videotape, booklet or other material. If the item has no formal title, provide a short description of the contents.

TYPE: List the media format that applies to the item (i.e., videotape, slide/tape, handbook, manual, etc.).

SOURCE: Identify the producer, publisher, developer or other source from which the item was obtained. Materials developed in-house should be identified as such.

TITLE	TYPE	SOURCE

PART 3: DELIVERY PROCESS & ADMINISTRATION

Use this section to describe the basic processes involved in program delivery, documentation, and administration. If the space below is not sufficient, this information may be included on a separate attachment.

Describe specific practices used to deliver instruction. Include information on how candidates are identified, and how progress/completion is verified.

Describe the specific practices used to identify, train and evaluate Instructors/Facilitators.

Describe documentation used to verify successful completion prior to issuing student certificates.

Describe how records are maintained and where they can be located for auditing purposes.

PART 4: ATTESTATION AND AGREEMENT

The undersigned, acting as authorized agent(s) of the applicant for accreditation, hereby attest(s) that all information contained in this document is accurate and complete.

The training applicant agrees that to obtain and continue accreditation, it must adhere to the criteria and procedures contained in the *Handbook for Accreditation* (Form WCT-1) and abide by the terms and conditions detailed in the *Accreditation/Audit Policy Agreement* (Form WCT-4). Any variance from these procedures and criteria must be approved by the Accreditation Review Panel.

The training applicant has entered into this application and agreement voluntarily with the full knowledge and understanding that failure to comply with the aforementioned may result in rejection or revocation of accreditation or other sanctions.

Please read the foregoing statement carefully and complete the following sections.

Name of Company or Institution

Signature of Contact Person or Person Providing Information

Date

Printed or Typed Name of Contact Person or Person Providing Information

Title

Signature of Program Administrator or Responsible Person

Date

Printed or Typed Name of Program Administrator or Responsible Person

Title