



WellCAP®

IADC WELL CONTROL ACCREDITATION PROGRAM

**PROGRAM SELF-CERTIFICATION
INTRODUCTORY LEVEL – WELL SERVICING OPERATIONS**

**FORM WCT-21
REVISION 030627
(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 full course of instruction must be repeated every five years.**
- 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-STUDY**
- 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-21**

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-study 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 the primary means through which this topic is ordinarily conveyed to the participant during the orientation:

- **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 orientation is documented or measured. Choose from the list below.

- **CHECKLIST (CHK)** The employee orientation 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 orientation.
- **BOTH (B)** Participant involvement's' are 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 STUDY (Refer to instructions on preceding pages)

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
<i>I. Reasons for Well Servicing Operations</i>				
A. Definition of well servicing operations				
B. Definition of well service unit types				
C. Reasons for well servicing operations which may include wireline				
Total Time Allocation – Section 1				
<i>II. Definitions and Calculations</i>				
A. Pressure fundamentals				
B. Live wells and kicking wells				
C. Force				
Total Time Allocation – Section 2				
<i>III. Kick Fundamentals</i>				
A. Definition of a kick				
B. Causes of kicks (open hole, cased hole, tubing)				
C. Kick detection (open hole, cased hole, tubing)				
D. Importance of responding to kick indicators in a timely manner				
Total Time Allocation – Section 3				

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
IV. Gas Characteristics and Behavior				
A. Pressure, volume, relationship (Boyles Law)				
B. Gas expansion and migration relationships				
Total Time Allocation – Section 4				
V. Fluids				
A. Characteristics				
B. Fluid types				
Total Time Allocation – Section 5				
VI. Surface Equipment				
A. Types of wireline				
B. Components of wireline units				
C. Production tree (Christmas or Xmas tree)				
D. General rig and coiled tubing and snubbing units blowout preventer equipment				
E. Auxiliary well control equipment				
F. Wireline BOP/valve and pressure control equipment				
G. Lubricator/Stripper/Stuffing box assemblies				
H. Gas detection and gas handling systems				
I. Safety systems and Emergency Shutdown Devices (ESDs)				
Total Time Allocation – Section 6				
VII. Subsurface Equipment				
A. Workstring and production tubing, and drillstring components				
B. Completion equipment				
Total Time Allocation – Section 7				

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
<i>VIII. Procedures</i>				
A. Pre-recorded well information				
B. Rigging up and deployment into well				
C. Running, shifting and pulling tools				
D. Shut-in				
E. Verification of shut-in				
F. Well monitoring during shut-in				
G. Tripping				
H. Stripping operations				
I. Shearing wireline				
J. Fishing wireline				
K. Well control drills				
Total Time Allocation – Section 8				
<i>IX. Complications and Solutions</i>				
A. Trapped pressure				
B. Pressure on casing				
C. Lost circulation				
D. Underground flow				
E. Collapsed tubing				
F. Junk in hole				
G. Hole in tubing				
H. Stuck tool string				
I. Fishing under pressure				
J. Hole angle				
Total Time Allocation – Section 9				

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
X. Organizing Operations				
A. Personnel assignments				
B. Pre-recorded information				
C. Plan responses to anticipated well control scenarios				
D. Communications responsibilities				
Total Time Allocation – Section 10				
XI. Testing				
A. Testing of pressure control equipment				
Total Time Allocation – Section 11				
XII. Government, Industry and Company Rules, Orders and Policies				
A. Incorporate by reference				
Total Time Allocation – Section 12				

TOPIC	WHERE PROVIDED	HOW INSTRUCTED	HOW DOCUMENTED OR MEASURED	TIME ALLOCATED
<i>XIII. Special Situations (Optional)</i>				
A. H ₂ S considerations				
B. Subsea considerations				
C. Coiled tubing operations				
D. Snubbing and HWO operations				
E. Small tubing unit				
F. Drilling operations				
G. Workover operations				
H. If pump unit is utilized by wireline crew: Techniques for controlling or killing a producing well				
I. If pump unit is utilized by wireline crew: No returns pumping technique (e.g., bullheading)				
Total Time Allocation – Section 13				
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 orientation 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.

<p>Describe specific practices used to deliver instruction. Include information on how candidates are identified, and how progress/completion is verified.</p>
<p>Describe the specific practices used to identify, train and evaluate Instructors/Facilitators.</p>
<p>Describe documentation used to verify successful completion prior to issuing student certificates.</p>
<p>Describe how records are maintained and where they can be located for auditing purposes.</p>

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 the 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

