



SEAHORSE™ Platform AFE Cost Estimate

Field Name: _____

Location: _____

Water Depth: _____

Number of Wells: _____

Topsides Requirements: _____

Production Facility/Design Rate: _____

Date of Installation: ____ / ____ / _____

Location: _____

Water Depth: _____

Number of Wells: _____

Topsides Requirements: _____

Production Facility/Design Rate: _____

Facility:

- | | | |
|---------------------------------------|--------------|--------|
| <input type="checkbox"/> Manned | Oil: _____ | BOPD |
| <input type="checkbox"/> Unmanned | Gas: _____ | MMSCFD |
| <input type="checkbox"/> Helideck | Water: _____ | BWPD |
| <input type="checkbox"/> Boat Landing | | |
| <input type="checkbox"/> Compression | | |
| <input type="checkbox"/> Riser | | |

Contact Information:

Name: _____

Phone: _____

E-mail: _____