

Trouble Shooting Data Sheet

Chemical Injection

Company: C		Country:
Address: F		Field:
		Well:
		Platform:
		Date:
Contact Name: To		Telephone:
Emai	l:	Telefax:
	Please complete as much of this form as possi	ble with accurate information for each leak site.
1	Well Type (Production/Injection/Disposal/Storage):	
2	Production/Injection Rate (Oil/Water/Gas):	
3	H ₂ S/CO ₂ Contents:	
4	Production Tubing Pressure (Flowing & Shut-In):	
5	Wellhead Temperature (Flowing & Shut-In):	
6	Injection Valve Manufacturer & Model Number:	
7	Chemical Injected (Normal & Presently in Line):	
8	Chemical Injection Valve Setting Depth:	
9	Valve Opening & Closing Pressures:	
10	Injection Line Size & Wall Thickness:	
11	Injection Line Working Pressure & Test Pressure:	
12	Line Pressure (Normal & Start Leaking):	
13	Leak Rate (Volume Loss/Gain):	
14	Leak Rate (Pressure Loss/Gain):	
15	Well Normally on Gas Lift (Yes/No):	
16	Annulus Pressure (Normal & Leaking):	
17	Annulus Fluid (Type, Weight, Fluid Level):	
18	Other Sealants Used (Type/Volume/Frequency):	
19	Able to pressurize tubing/annulus for diagnostics:	
20	Wellbore Schematic:	PLEASE ATTACH
21	Wellhead Tbg Hanger Schematic (Type Penetration):	PLEASE ATTACH
22	Backgound Information (Suspected Leak Site):	PLEASE ATTACH