

Trouble Shooting Data Sheet

Gate Valve

Company: _____	Country: _____
Address: _____	Field: _____
_____	Well: _____
_____	Platform: _____
Contact Name: _____	Date: _____
Email: _____	Telephone: _____
	Telefax: _____

Please complete as much of this form as possible with accurate information for each leak site.

1 Well/Facility Type (Production/Injection/Storage):	_____
2 Production/Injection Rate (Oil/Water/Gas/H ₂ S/CO ₂):	_____
3 H ₂ S/CO ₂ Contents:	_____
4 Valve Size/Type/Manufacturer/Model:	_____
5 Valve Operator (Manual or Hyd/Pneumatic Actuator):	_____
6 Valve Location (Wellhead/Tree/Flowline/etc):	_____
7 Valve Working Pressure & Test Pressure:	_____
8 Pressure & Temperature Flowing & Shut-In:	_____
9 Valve Orientation (Vertical or Horizontal):	_____
10 Valve Able to Open & Close Fully:	_____
11 Valve Grease Port Fitting Types/Quantity/Location:	_____
12 Able to Bleed Pressure Downstream of Closed Valve:	_____
13 Minimum Line Pressure Downstream of Closed Valve:	_____
14 Leak Rate (Steady Downstream Flow Rate):	_____
15 Leak Rate (Downstream Pressure Build Up Rate):	_____
16 Estimated Downstream System Volume:	_____
17 Maximum Available Upstream Pressure:	_____
18 Wellhead/Tree/Facility/Piping Layout Drawing:	Please Attach
19 Valve Drawing/Specs/ Operating Instructions:	Please Attach
20 Valve Grease Port Fitting Drawings/Specs:	Please Attach
21 Background Information (Photographs):	Please Attach