

Trouble Shooting Data Sheet

Tubing

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 Type (Production/Injection/Storage):	_____
2 Production/Injection Rate (Oil/Water/Gas):	_____
3 H ₂ S/CO ₂ Contents:	_____
4 Tubing Pressure Flowing & Shut-In:	_____
5 Wellhead Temperature Flowing & Shut-In:	_____
6 Tubing Size/Weight/Grade/Thread:	_____
7 SCSSV Setting Depth:	_____
8 Landing Nipple Profiles (Make/Model/Depth):	_____
9 Landing Nipples Useable (Yes/No/Reason):	_____
10 Suspected Leak Site (Item/Depth):	_____
11 Method Used to Locate Leak Site:	_____
12 Leak Rate (Volume Loss/Gain):	_____
13 Leak Rate (Pressure Loss/Gain):	_____
14 Well normally on Gas Lift (Yes/No):	_____
15 Production Casing Size/Weight/Grade/Thread:	_____
16 Production Casing Pressure Normal and Leaking:	_____
17 Production Casing Fluid Type and Weight:	_____
18 Production Casing Fluid Level:	_____
19 Method Used to Determine Fluid Level:	_____
20 Wellbore Schematic:	Please Attach
21 Wellhead Tubing Hanger Schematic:	Please Attach
22 Test Data (Tubing & Tubing Hanger):	Please Attach
23 Background Info:	Please Attach