

Trouble Shooting Data Sheet

Wellhead Tubing Hanger

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 Size/Weight/Grade/Threads:	_____
5 Tubing Pressure (Flowing/Shut-In):	_____
6 Production Casing Size/Weight/Grade/Threads:	_____
7 Well Normally on Gas Lift:	_____
8 Casing Pressure (Normal/Leaking):	_____
9 Casing Fluid Type & Weight & Fluid Level:	_____
10 Wellhead Temperature Flowing/Shut-In:	_____
11 Tubing Hanger Manufacturer & Model:	_____
12 Tubing Hanger Working Pressure & Test Pressure:	_____
13 SCSSV Control Line Configuration (Continuous/Other):	_____
14 SCSSV Status (Normal/Leaking/Other):	_____
15 Number & Location of Tubing Hanger Test Ports:	_____
16 Location of Abnormal Test Port Pressure:	_____
17 Pressure Bleeds to Zero (Yes/No):	_____
18 Pressure Build-Up Rate:	_____
19 Pressure Test Performed (Yes/No):	_____
20 Test Pressure & Leak-Off Rate:	_____
21 Wellbore Schematic:	Please Attach
22 Wellhead Schematic:	Please Attach
23 Tubing Hanger Schematic:	Please Attach
24 Background Information:	Please Attach