

Troubleshooting Data Sheet

Remotely Operated Sliding Sleeve

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

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

1 Platform Type & Water Depth:	_____
2 Well Type (Production/Injection/Storage):	_____
3 Production/Injection Rate (Oil/Water/Gas):	_____
4 H ₂ S/CO ₂ Contents:	_____
5 Production Tubing Pressure Flowing & Shut-In:	_____
6 Wellhead Temperature Flowing & Shut-In:	_____
7 Sliding Sleeve Manufacturer & Model Number:	_____
8 Sleeve Setting Depth (Below Tubing Hanger):	_____
9 Sliding Sleeve Opening/Closing Pressures:	_____
10 Operating Fluid (Normal & Presently in Line):	_____
11 Control Lines (Number, Size & Wall Thickness):	_____
12 Control Line Working Pressure & Test Pressure:	_____
13 Control Line Pressures (Normal & Start Leaking):	_____
14 Leak Rate (Volume Loss/Gain per Time Interval):	_____
15 Leak Rate (Pressure Loss/Gain per Time Interval):	_____
16 Presently Able to Use Control Lines (Yes/No):	_____
17 Well Normally on Gas Lift (Yes/No):	_____
18 Annulus Pressure (Normal and Leaking):	_____
19 Annulus Fluid (Type, Weight, Fluid Level):	_____
20 Other Sealants Used (GX, etc./Volume/Frequency):	_____
22 Able to pressurize tubing & annulus for diagnostics:	_____
23 Wellbore Schematic:	Please Attach
24 Wellhead Tubing Hanger Schematic	Please Attach
25 Background Info (Suspected Leak Site & Reason):	Please Attach