

Trouble Shooting Data Sheet

Side Pocket Mandrel Leak

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 Casing 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