

Troubleshooting Data Sheet

Subsea SCSSV

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):	_____
2	Water Depth:	_____
3	Production/Injection Rate (Oil/Water/Gas):	_____
4	H ₂ S/CO ₂ Contents:	_____
5	Tubing Pressure Flowing & Shut-In:	_____
6	Wellhead Temperature Flowing & Shut-In:	_____
7	TRSCSSV Manufacturer & Model Number:	_____
8	SCSSV Non-Equalizing or Self-Equalizing:	_____
9	SCSSV Opening/Closing Pressure (Shop Floor):	_____
10	SCSSV Setting Depth (Below Tubing Hanger):	_____
11	Control Line Size & Wall Thickness:	_____
12	Control Fluid Make & Grade (Oil/Water Base):	_____
13	Control Line Pressure (Normal & Start Leaking):	_____
14	Leak Rate (Volume Loss/Gain):	_____
15	Leak Rate (Pressure Loss/Gain):	_____
16	Presently able to keep the SCSSV open (Yes/No):	_____
17	Well normally on Gas Lift (Yes/No):	_____
18	Annulus Pressure, Annulus Fluid & Fluid Level:	_____
19	Able to Pressurize Tubing & Annulus for Diagnostics:	_____
20	Route/Mean to Displace Sealant to Leak Site:	_____
21	Subsea Layout Schematic:	Please Attach
22	Wellbore Schematic:	Please Attach
23	Wellhead/Tree/Tubing Hanger Schematic:	Please Attach
24	Background Info (Suspected Leak Site & Reason):	Please Attach