

Trouble Shooting Data Sheet

Umbilical

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	Well Completion Date (Start of Production):	_____
3	Production/Injection Rate (Oil/Water/Gas):	_____
4	H ₂ S/CO ₂ Contents:	_____
5	Production Tubing Pressure Flowing & Shut-In:	_____
6	Maximum Water Depth:	_____
7	Umbilical Line Purpose/Use:	_____
8	Umbilical Line Length:	_____
9	Umbilical Line OD & ID or Wall Thickness:	_____
10	Umbilical Line Material:	_____
11	Umbilical Line Design Pressure & Test Pressure:	_____
12	Umbilical Line Normal Operating Pressure:	_____
13	Umbilical Line Design & Operating Temperature:	_____
14	Umbilical Line Normal Fluid Type, Make & Grade:	_____
15	Umbilical Line Fluid in the Line Presently:	_____
16	Suspected Leak Site and Reason:	_____
17	Date Leak Discovered & Is Leak Severity Increasing:	_____
18	Other Sealants Used (GX, etc./Volume/Frequency):	_____
19	Leak Rate (Pressure Loss/Gain):	_____
20	Leak Rate (Volume Loss/Gain):	_____
21	Umbilical Cross Section:	Please Attach
22	Subsea Layout of Umbilical System:	Please Attach
23	Info on Restrictions (Manifold/Control Pod/etc.):	Please Attach
24	Wellbore & Wellhead Schematic:	Please Attach

