

LEAK DATA FORM

CONTACT INFORMATION:

Date: _____ Field Name: _____
 Contact Name: _____ Well Name: _____
 Company: _____ Leak Type: _____
 Country: _____ Email: _____
 Telephone: _____ Mobile: _____

Please complete as much information as possible below with regards to the leak condition. Attach wellbore diagrams, pictures, and any additional documents to allow us to compile a comprehensive evaluation on your project.

WELLHEAD DATA:	SCSSV/DHSV DATA:	CASING/TUBING DATA:	SIZE (IN)	WT (PPF)	GRAD E	MAX PRESSURE	DEPTH INTERVAL
Wellhead Type: _____	Manufacturer/Model: _____	Tubing: _____	_____	_____	_____	_____	_____
TBG Hanger Type: _____	Depth: _____	Prod. Casing: _____	_____	_____	_____	_____	_____
CSG Hanger Type: _____	Control Line OD: _____	Intermediate Casing: _____	_____	_____	_____	_____	_____
Test Pressure: _____	Wall Thickness: _____	Surface Casing: _____	_____	_____	_____	_____	_____
Pressure Rating: _____	Pressure Rating: _____						
PRESSURE DATA:	FLUIDS:	PIPELINE DATA:	SIZE (OD)	(ID)	GRAD E	PRESSURE	WATER DEPT
Tubing Pressure (Shut-in): _____	Annulus Fluid: _____	Pipeline Diameter: _____	_____	_____	_____	_____	_____
C/L Normal Pressure: _____	C/L Fluid Type: _____	Length: _____					
C/L Pressure Shut-in: _____	Outer Ann Fluid: _____	Operating Pressure: _____					
Prod. Annulus Pressure: _____	Drilling Mud Type: _____	Leak Location: _____					
Outer Annulus Pressure: _____							
LEAK DATA:		UMBILICAL DATA:					
Current Leak Rate (Mscf/d): _____		Umbilical ID: _____					
Pump-in Rate and Pressure: _____		Umbilical Length: _____					
Shut-in Decline Rate: _____		Normal Operating Pressure: _____					
Pressure Build-up Rate: _____		Fluid composition: _____					
Pressure Build-up/Min: _____							
		GAS:				TEMPERATURE:	
		H ² S Concentration: _____ ppm				Bottom-Hole: _____	
		CO ² Concentration: _____ ppm				Ambient: _____	

DETAILED LEAK DESCRIPTION: