

WELL DATA SHEET



Fax: 403-263-6563 Phone: 403-290-0180

Date of Request: _____ Company/Client Name: _____

Completed by: (name, contact phone number) _____

Wellsite LSD/Location (LSD/nearest town): _____

Formation (if available) _____

Well Data Specifics:

Well Depth (Producing Interval Depth) _____

Well Production: Gas Volume _____ Oil Volume _____

Oil: Fluid Level above Producing Interval? _____

FlowRate (Normal) _____ Flowrate (at present) _____

If Gas; Pressures: Flowing _____ Shut-in Tbg. _____ Shut-in Csg. _____

Artificial Lift? _____ Specify type (circle) Rotary, Jack, Plunger Lift, Other

If Rotary Pump: Elastomer Type and Temperature Rating _____

Bottom Hole Formation Temperature and Pressure _____

Rod Material Type (steel/fiberglass) _____ Scrapers (Yes/No)? _____

Tubing Size and Weight _____ Tubing Coating? (yes/no), if yes type? _____

Casing Size and Weight _____

Water Sensitive Formation? (Yes/No)

Produced H2O Available Locally (Yes/No) _____ If not, fresh H2O available(Y/N) _____

Past Treatment Programs (Condensate/HotOil/Chemicals etc.) _____

Current Programs in Use (type/frequency) _____

Number Wells in Program _____

FlowLine Data:

Line Size: _____ Line Length: _____

Please specify below or comment on the problem you are currently encountering with this well and any other additional comments to help us understand your situation

