


Type	Department	Scope	Issue Date	Document Ref #			
Controlled	Gyro Ops	Client	10-May-2019	TT-OPS-FRM-CO-001			
Title	CALLOUT FORM				Page	Rev.	Rev. Date
Sub Title	Gyro Service Callout Form				1 of 1	1	01-June-2019

In order to provide the best possible service, we ask that you take the time to fill in the required information. This will enable us to plan for the operation and ensure that equipment and personnel will be available for the right job at the right time. Your assistance is greatly appreciated.

1. General Information

Customer		Rig Number	
Well Name		Hole Section	
Well ID #		Field Name	

2. Type of Service Required

Wireline Gyro Surveys		Memory Gyro Surveys	
Wireline Casing Survey	Wireline Orientation Survey	Memory Casing Survey - Slickline	Drop Gyro Survey < 20° Inclination
Wireline Drillpipe Survey	Wireline Orientation Survey with Multishot Survey	Memory Drillpipe Survey - Slickline	Drop Gyro Survey > 20° Inclination
Wireline Pump-Down Survey		Memory Pump-Down Survey	Dry Hole Drop Gyro System

3. Well Information

Well Centre Coordinates					UTM Coordinates		
Latitude	degs	mins	sec	N	Northing	m	N
Longitude	degs	mins	sec	E	Easting	m	E
Casing Size		Inch	Ground Elevation	m	Well Profile		
Drillpipe Size		Inch	Rig Floor Elevation	m	Max Down Hole Temp		°C
Minimum ID		Inch	Maximum Inclination	°	H2S Level		

4. Survey Information

Survey Start Depth	m	Survey End Depth	m	Survey Interval	m
Whipstock Orientation	Orient Depth	m	Motor Orientation	Orient Depth	m
UBHO Sub	Size	Connection Size	Date Required on site		
Side Entry Sub	Size	Connection Size	Date Required on site		
Equipment Required On-Site	Date	Time			
Crew Required On-Site	Date	Time			

5. Contact Information & Comments

Callout Completed By	Designation	Contact #
Comments		Authorization