

CUSTOMER CALL SHEET - REMEDIAL

Company: _____		Representative: _____	
L.S.D: _____		Phone Number: (____) _____	
Email: _____		Service District: _____	
Well Name: _____		Program ID: _____	
Job Type: <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> CIRCULATION <input type="checkbox"/> BRADENHEAD <input type="checkbox"/> RETAINER <input type="checkbox"/> ACID / WASH <input type="checkbox"/> SELECTIVE OTHER: _____			
Type of Well: _____		Formation: _____ Rig: _____	
Type of unit(s) requested: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Multiple/Others _____			
Customer to Supply: <input type="checkbox"/> Shower <input type="checkbox"/> Fire <input type="checkbox"/> Gas Monitors <input type="checkbox"/> Other _____			
H ₂ S Present: <input type="checkbox"/> Yes <input type="checkbox"/> No % or ppm _____			
Date on Location Required: _____		Time on Location Required(24H): _____	
Call Taken By: _____		Time Call Taken(24H): _____ Date: _____	

Casing 1 Size: _____ mm kg/m: _____		Grade: _____ Depth: _____ m	
Casing 2 Size: _____ mm kg/m: _____		Grade: _____ Depth: _____ m	
Casing Capacity: _____ m ³ /m		Annular Capacity: _____ m ³ /m	
Open Hole Size: _____ mm		Open Hole Depth: _____ m	
O.H. Capacity: _____ m ³ /m		Annular Capacity: _____ m ³ /m	
Tubing Size: _____ mm kg/m: _____		Grade: _____ Depth: _____ m	
Tubing Capacity: _____ m ³ /m		Annular Capacity: _____ m ³ /m	
Retainer: _____ m		Packer / Bridge Plug: _____ m	
Perfs: _____ to _____ m _____ to _____ m _____ to _____ m			
Wellbore Fluid: _____		Testing Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Feed Rate: _____ l/min	
Pop-Off Pressure Required: _____ MPa		BHST: _____ °C BHCT: _____ °C	

Preflush #1 _____		Volume: _____ m ³	
Preflush #2 _____		Volume: _____ m ³	
Lead Blend _____			
m ³ /Tonnes _____		Excess _____ %	
Tail Blend _____			
m ³ /Tonnes _____		Excess _____ %	
Displacement Fluid: _____		Displacement Additives: _____	
Pickle Required <input type="checkbox"/> Yes <input type="checkbox"/> No : _____ m ³		Wash Required <input type="checkbox"/> Yes <input type="checkbox"/> No : _____ m ³	
Squeeze Acid Volume Required: _____ m ³			
	<u>YES</u>	<u>NO</u>	
Program Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	Ball Injector
High Profile Well	<input type="checkbox"/>	<input type="checkbox"/>	Batch-o-Matic
Abrasive Jet Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Squeeze Manifold
	<input type="checkbox"/>	<input type="checkbox"/>	

CONTACT INFORMATION

WELL DATA

PRODUCT DATA

Directions from nearest Town and Intersection:

DIRECTIONS

Route concerns / Road Bans / Special instructions / Road Channel/Permits:

Notes:

NOTES/REQUESTS