

CUSTOMER CALL SHEET - PRIMARY

Company: _____		Representative: _____		CONTACT INFORMATION
L.S.D: _____		Phone Number: (____) _____		
Email: _____		Service District: _____		
Well Name: _____		Program ID: _____		
Job Type: <input type="checkbox"/> SURFACE <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> PRODUCTION <input type="checkbox"/> LINER <input type="checkbox"/> PLUGS <input type="checkbox"/> CONDUCTOR OTHER: _____				
Rig on Site: _____ <input type="checkbox"/> Conventional <input type="checkbox"/> Top Drive, Pin Box: _____				
Mud Type: <input type="checkbox"/> Gel Chem <input type="checkbox"/> Polymer <input type="checkbox"/> Invert <input type="checkbox"/> Other: _____				
Density: _____ kg/m ³				
Type of unit(s) requested: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Multiple/Others _____				WELL DATA
Date on Location Required: _____ Time on Location Required(24H): _____				
Call Taken By: _____ Time Call Taken(24H): _____ Date: _____				
Surface Casing Set at: _____ m Surface Casing Size: _____ mm				
Open Hole Size: _____ mm Open Hole Depth: _____ m				
Casing Size: _____ mm kg/m: _____ Grade: _____ Depth: _____ m				
Casing Size: _____ mm kg/m: _____ Grade: _____ Depth: _____ m				
Casing Thread Type: _____ Burst/Collapse Pressure of Casing _____ MPa				
Sanjel to Supply Casing Crossover <input type="checkbox"/> Rig Connection Type: _____				
Casing Capacity: _____ m ³ /m Annular Capacity: _____ m ³ /m				
Float / Stage Tool Depth: _____ m _____ m				
Pop-Off Pressure Required: _____ MPa BHST: _____ °C BHCT: _____ °C				
Drill Pipe Size _____ mm kg/m #1 _____ kg/m #2 _____				
Nubbin Size: _____ Supplier of Plugs: <input type="checkbox"/> Sanjel <input type="checkbox"/> Customer				
<input type="checkbox"/> Mega <input type="checkbox"/> P-Tank <input type="checkbox"/> Required <input type="checkbox"/> On Site Unit #'s: _____				
Scavenger Required <input type="checkbox"/> Yes <input type="checkbox"/> No Volume: _____ m ³ Density: _____ kg/m ³				PRODUCT DATA
Preflush #1 _____ Volume: _____ m ³				
Preflush #2 _____ Volume: _____ m ³				
Preflush #3 _____ Volume: _____ m ³				
Lead Blend _____				
m ³ /Tonnes _____ Excess _____ %				
Tail Blend _____				
m ³ /Tonnes _____ Excess _____ %				
Displacement Fluid: _____ Displacement Additives: _____				
Program Confirmed		YES	NO	Water Samples Tested <input type="checkbox"/> YES <input type="checkbox"/> NO High Profile Well <input type="checkbox"/> YES <input type="checkbox"/> NO Batch-O-Matic <input type="checkbox"/> YES <input type="checkbox"/> NO
Blend Testing Required		<input type="checkbox"/>	<input type="checkbox"/>	
Indicator Dye		<input type="checkbox"/>	<input type="checkbox"/>	

Directions from nearest Town and Intersection:

DIRECTIONS

Route Concerns / Road Bans / Special Instructions / Road Channels/Permits:

Notes:

NOTES/REQUESTS