PLEASE COMPLETE ALL APPLICABLE ITEMS:

Prepared by:	Phone:		Date:
Address:	City:	State:	Zip Code:
Customer:		Phone:	
Address:	City:	State:	Zip Code:
Well Name:	Well Location:		

OPERATIONAL INFORMATION	
Installation Date:	Service Call Date:
Last Test (bopd/bwpd):	Gas Production (mcfd):

WELL AND FLUID INFORMATION	
Perforated Depth:	Casing Pressure (psig):
Pump Depth (feet MD):	Tubing Pressure (psig):
Fluid Level (ffs TVD):	Tubing Size (Inches):
CO2: H2S:	Tubing Anchor Depth:
pH: Other:	Tubing Anchor Location: Above Below
Water Gravity:	Viscosity:
Oil Gravity:	Abrasive Cut:
or Total Fluid Gravity:	Bottom Hole Temp (F):
Recent Acid Treatment: Yes No	Chemical Treatment: Corrosion Emulsion Other
Type / Strength of Acid:	Chemical Name:
Was Well Inactive? Yes No	Corrosion: None Mild Medium Heavy
If Yes, Number of Days Well was Inactive:	Paraffin: Yes No

EQUIPMENT INFORMATION		
Surface Stroke Length (Inches):		Pump Type / Size:
Rod String Grade / Service:		Unit Speed (SPM):
Taper #1	Inch x	Feet
Taper #2	Inch x	Feet
Taper #3	Inch x	Feet
Taper #4	Inch x	Feet
Sinker Bars Type:	Inch x	Feet
Gas Interference: Yes No		Fluid Pound: Yes No

Completed by the originator

WELL HISTORY (Past Performance):
PART NUMBER(s) OF FAILED ITEMS:
FAILURE DESCRIPTION (Explain in Detail):