Liquid Casing, Inc. 1005 Heights Blvd
Houston, Texas 77008 USA

Client & Well Information

1. Client Name: _____

2. Field Name: _____

3. Well Name / Well No.: _____

4. Well Location : ☐ Onshore. ☐ Offshore

5. Well Type
☐ Oil Producer ☐ Gas Producer ☐ Oil & Gas Producer ☐ Water Injector ☐ Gravel Pack Well
☐ Horizontal Well ☐ Deviated Well ☐ Vertical Well ☐ CBM Well ☐ Others:
_____

6. Well Category

☐ Shallow (Up to 2,000 m) ☐ Medium (2,001–3,500 m) ☐ Deep (3,501–4,500 m)

☐ Super Deep (>4,500 m)

7. Bottom Hole Temperature (BHT) : _____ °C / °F

8. Bottom Hole Pressure (BHP) : _____ psi / MPa

9. Reservoir Type

☐ Sandstone ☐ Carbonate (Limestone/Dolomite) ☐ Naturally Fractured Carbonate

☐ Fractured Basement ☐ Coal Formation (CBM) ☐ Shale ☐ Others: _____

10. Production Casing Size:_____ Weight (PPF):_____

11. Tubing Size: _____ Weight (PPF): _____ Tubing Shoe Depth: _____

12. Packer Setting Depth: _____

13. Perforated Interval(s): From _____ m To _____ m

Multiple zones (if any): _____

14. Well Completion: ☐ Open Hole ☐ Cased & Perforated ☐ Gravel Pack ☐ Slotted Liner
☐ Others _____

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15. Objective of Workover:

☐ Tubing Retrieval ☐ Sand Cleanout ☐ Fishing ☐ Recompletion

☐ Water Shut-off ☐ Plug & Abandonment. ☐ Others _____

16. Nature of Losses:

☐ Seepage Losses (<10 bbl/hr) ☐ Partial / Moderate Losses ☐ Severe Losses ☐ Total Losses

17. Estimated Loss Rate: _____ bbl/hr or _____ m^3/hr

18. Suspected Cause of Losses:

☐ Natural Fractures ☐ Induced Fractures ☐ High Permeability Formation

☐ Depleted Reservoir ☐ Others _____

19. Kill / Workover Fluid: ☐Sea water ☐ Location Water ☐ NaCl brine ☐ KCl brine
☐ Sodium Formate Brine ☐ Potassium Formate Brine ☐ Calcium Chloride Brine
☐ Calcium Bromide Brine ☐ Others _____

20. Fluid Density : _____ ppg. Or _____ SG or _____ kg/m^3

21. Have Any Lost Circulation Treatments Been Attempted?

☐ Yes ☐ No

If Yes, provide details.

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22. Please attach the following, if available:

☐ Well Completion Diagram ☐ Daily Drilling / Workover Reports ☐ Workover Programme

23. Please provide any additional information that may assist in evaluating the well conditions for loss control.

Name:_____

Designation:_____