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WELL EVALUATION FORM

Operator: _____ Phone: _____ FAX: _____
 Contact: _____ Pumper: _____ 24 hr Phone: _____
 Lease Name: _____ Well # _____ Legals: _____ SEC ___ TWP ___ RNG ___
 Directions to Lease: _____

Well Information

Formation: _____ Perforations: _____ Open Hole: _____
 Formation: _____ Perforations: _____ Open Hole: _____
 Production: BOPD _____ BWPD _____ MCFGPD _____ API Gravity: _____ GOR: _____
 Production Casing Size: _____ Tubing Size: _____ Packer? Yes ___ No ___ Depth: _____
 Packer Type: _____ Packer set in: _____ Compression: ___ Tension: ___
 Annulus Pressure: _____ Tubing Pressure: _____ ISTD _____ CIBP(s): _____
 Pumping Fluid Level: _____ Static Fluid Level: _____ Lead Line Pressure: _____
 Average Porosity: _____ Average Permeability: _____ Estimated BHT: _____

Production Problems

<input type="checkbox"/> Paraffin	<input type="checkbox"/> Asphaltines	<input type="checkbox"/> High Lead Line Pressure
<input type="checkbox"/> Emulsions	<input type="checkbox"/> High Tank Bottoms	<input type="checkbox"/> Pump Problems
<input type="checkbox"/> Iron Sulfides	<input type="checkbox"/> Bad Oil/Tank Rejections	<input type="checkbox"/> Poor Water Quality *
<input type="checkbox"/> Scale Type: _____	<input type="checkbox"/> H2S Concentration: _____	<input type="checkbox"/> Corrosion - Rods/Tubulars

Comments: _____

* Attach water analysis, if available

Current Chemical Program

Type: _____ Volume: _____ Frequency: _____

 Chemical Company/Provider: _____ Address: _____
 Phone: _____
 Average Monthly Chemical Expense and/or Associated Treating Expense: _____
 Other Problems: _____
 Comments: _____

Notes/Comments

