

Petroleum Magnetics Int'l

Post Office Box 12888 Odessa, Texas 79768 USA Telephone: 432.561.5515 Fax: 432.550.5500

PetroFlo WELL REPORT

NOTE: PLEASE COMPLETE ALL INFORMATION TO INSURE A SUCCESSFUL INSTALLATION & PROGRAM!

Company: _____ Date of Report: _____

Address: _____ Tel#: (____) _____

Contact: _____ Title: _____ Fax#: (____) _____

WELL INFORMATION (Use one Form for **EACH** Well.)

Country: _____ State: _____ County: _____ Field: _____

Lease: _____ Well #: _____ Age of Well: _____ Single Completion: _____ Dual: _____

Type of Well: Flow: ___ Rod Pump: ___ Gas Lift: ___ Sub Elec Pump: ___ Sub Hyd Pump: ___ Other: _____

Onshore: ___ Offshore: ___ (If Offshore - Water Depth: _____) Horizontal: _____ Vertical: _____

(BPD): _____ **Water (BPD):** _____ **Gas (MCF):** _____

Casing O.D.: _____ I.D.: _____ Wt: _____ Mat'l: _____

Tubing O.D.: _____ I.D.: _____ Wt: _____ Mat'l: _____

Type of Tubing Connection: _____ Production Depth(s) _____

Bottom Hole Temp: _____ Surface Temp: _____

Current Treatment Method(s):

None: ___ Mechanical: ___ Frequency: _____ Hot Water: ___ Frequency: _____

Chemical (Describe): _____ Frequency: _____ Hot Oil: ___ Frequency: _____

Problem?: Paraffin: ___ Scale: ___ Corrosion: ___ H2S: ___ CO2: ___ Last Treatment Date: _____

PARAFFIN FORMATION DEPTH: _____ **CLOUD POINT:** _____ **NOTE: THIS INFORMATION IS CRITICAL!**

Pour Point: _____ Paraffin Content (%): _____ Consistency: Soft ___ Medium ___ Hard ___

NOTES: _____

Signature

Title

Date

NOTE: Use "WELL SITE SCHEMATIC" for flowline, well site or plant layouts.

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FLOWLINE INFORMATION

(Use additional forms for EACH piece of equipment.)

Flowline Length: _____ To Separator: _____ To Battery: _____

Line Size: _____ Material: _____ Line Size: _____ Material: _____

CLEAN Line Pressure (BEFORE Installation of MagniFlo): _____

Current Treatment Method(s): None: _____ Mechanical: _____ Frequency: _____ Hot Water: _____

Frequency: _____

Chemical (Describe): _____ Frequency: _____ Hot Oil: _____ Frequency: _____

Problem?: Paraffin: __ Scale: __ Corrosion: __ H2S: __ CO2: __ Last Treatment Date: _____

NOTES: _____

None: _____ Mechanical: _____ Frequency: _____ Hot Water: _____ Frequency: _____

WELLSITE/PLANT SCHEMATIC

