



CLAIMS FORM

PLEASE COMPLETE ALL APPLICABLE ITEMS

PREPARED BY:

NAME:	ADDRESS:
PHONE:	CITY:
DATE:	ZIP CODE:
CUSTOMER:	WELL NAME:
2 ND PHONE:	LOCATION:

OPERATIONAL INFORMATION:

INSTALL DATE:	SERVICE CALL DATE:
LAST TEST (BOPD/BWPD):	GAS PRODUCTION (MCFD):

WELL & FLUID INFORMATION:

PERFORATED DEPTH:		PUMP DEPTH (FEET MD):		
FLUID LEVEL (FFS TVD):	CO2:	H2S:	PH:	OTHER:
WATER GRAVITY:		OIL GRAVITY:		
TOTAL FLUID GRAVITY:		VISCOSITY:		
ABRASIVE CUT:		BOTTOM HOLE TEMP (F):		
RECENT ACID TREATMENT (YES/NO):		IF YES, NUMBER OF DAYS WELL WAS INACTIVE:		
CHEMICAL TREATMENT:	EMULSION:	CORROSION:	OTHER:	
CHEMICAL NAME:			PARAFFIN (YES/NO):	
CORROSION:	NONE:	MILD:	MEDIUM:	HEAVY:
CASING PRESSURE (PSIG):		TUBING PRESSURE (PSIG):		
TUBING SIZE (INCHES):		TUBING ANCHOR DEPTH:		
TUBING ANCHOR LOCATION:		ABOVE:	BELOW:	

EQUIPMENT INFORMATION:

SURFACE STROKE LENGTH (INCHES):		PUMP TYPE / SIZE:		SPM:
ROD STRING:				
TAPER #1	SIZE:	GRADE:	FOOTAGE:	CPLG TYPE:
TAPER #2	SIZE:	GRADE:	FOOTAGE:	CPLG TYPE:
TAPER #3	SIZE:	GRADE:	FOOTAGE:	CPLG TYPE:
TAPER #5	SIZE:	GRADE:	FOOTAGE:	CPLG TYPE:
SINKER BAR	SIZE:	GRADE:	FOOTAGE:	CPLG TYPE:
GAS INTERFERENCE (YES/NO):			FLUID POUND (YES/NO):	

WELL HISTORY (PAST PERFORMANCE):

FAILURE DESCRIPTION (EXPLAIN IN DETAIL):

Once you have secured and tagged the parts above, please contact us and we will arrange to have them picked up for our analysis. It will be helpful in speeding up the claim process if you have our Claims Form complete at the time of pick up since we cannot begin the investigation process until we have that information. Email it to info@trcsuckerods.com when completed.

