

Tuboscope™ – Tubular Coating Recommendation Form

Contact Details

Tuboscope, the original and premier provider of internal coatings

Full Name				Cell #				Company			
Position				Office #				Address			
Lease Name		Well #		Fax #				Zip Code		Country	

Pipe and Connection Data

Pipe Type				Size				Weight				Type of Connection			
Length				Grade							Connection Manufacturer				

Type of Service

		Production/Injection per day	Gas		Units		Oil/Condensate		Units		Water		Units	
Production	Injection		WHT	Units	BHT	Units	WHP	Units	BHP	Units				Units
Completion	Reasons for Coating	Shut-In Conditions												
Other		Flowing Conditions												
			ALS Method				Guide Manufacturer				Guide Material			

	[CO ₂]	[H ₂ S]	[O ₂]	[Cl] - ppm	pH
Corrosive Agents					
Planned Intervention				Other	
Intervention Details					

Use this space for details related to your planned interventions (*frequency, objective, etc.*) If acidizing, please describe acid type, concentration, duration and frequency of the treatments.

Production Chemicals				Additional Comments			
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Use this space for details related to your current chemical program. Please provide details of inhibitors, scavengers or solvents being used. Describe concentrations, frequency of treatment and main objective of your production chemicals.

Use this space for details related to ALT Method (*e.g. Type of Plunger: padded, brush, solid, two part, w/scrapers, etc.*) or any other additional comment.

Return completed form to Tuboscope coating services at fax 713 799 5212 or email to coating2@nov.com. We will send our coating recommendation back to you within 24 hours.

(For Tuboscope Use)	Coating Specified				Sales Rep Name			