

# 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	Production/Injection per day	Gas		Units		Oil/Condensate		Units		Water		Units	
			WHT	Units	BHT	Units	WHP	Units	BHP	Units				
Completion	Reasons for coating	Shut-In conditions												
Other		Flowing conditions												
		ALS method	Guide manufacturer				Guide material							

	[CO <sub>2</sub> ]	[H <sub>2</sub> S]	[O <sub>2</sub> ]	[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 at [michael.adams@nov.com](mailto:michael.adams@nov.com). We will send our coating recommendation back to you within 24 hours.

(For Tuboscope use)	Coating specified		Sales rep name	
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