



Your Industrial Geothermal Services Company

WELL QUESTIONNAIRE

WELL NAME _____ **LOCATION** _____

WELL DESIGN

Size & Weight of Anchor Casing:	Condition:
Size & Weight of Production Casing:	Condition:
Size & Weight of of Master Valve:	Condition:
Size of Side Outlet Valve:	Condition:

Date of Last Casing Inspection:	Shut in wellhead pressure:	Temp:
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Date of Last Casing Caliper:	Flowing wellhead pressure:	Temp:
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(Please attached copy)

Date of Last Downhole Activity:

What Activity:

Previous casing repair?

What is the problem?

What is the work requested?

Contact Information :

Company Name:

Contact Person:

Address:

Phone:

Email: