



Approved/Reviewed By:

Acceptance Date:

Job ID:

FLUID COMPOSITION

Additives Conc Units

REQUESTOR'S BASIC INFORMATION

Desired Due Date (Contact OTC for availability)

Well Name

System Type

Requested By

Company Name

Email

Phone

Other Pertinent Well or Fluid Info:

WELL CHARACTERISTICS (FOR TESTS)

BHCT	BHST	MD
BHP	Test Temp	TVD
TGrad	Pump Rate	Dev.
Mud Type	Hole Size	Pipe Size
Hole Problems? Explain:		

User Schedule:

Field Mud? Pilot Mud? Build Mud?

PLACE A CHECK BY ALL TESTS THAT YOU ARE REQUESTING:

STANDARD TESTS

Density
 Particle Size Distribution
 Viscosity + Gel Strength
 Lubricity
 Fluid Loss/Filtration
 Retort (Oil/H2O/Solids Content)
 Chemical Analysis
 (Electrical) Emulsion Stability
 SAG Test
 Shear Strength - Shearometer
 Basic Mud Check (Package)
 Extensive Mud Check (Package)
 Heat Aging

OTHER TESTS

Sand Content
 Clay Content – Methylene Blue Test
 Elastomer Testing
 Hygrometer
 Garret Gas Train
 Resistivity
 Corrosion Ring
 Permeability Plugging - PPT

Additional Comments/Information:

P.O. or Payment Info

Non-business hours approved? Check for yes. Surcharges apply.
 My company has specific test protocols on file (or attached). Use these for all applicable tests.
 I am aware that testing may be delayed if MSDS's are not made available before/when products received.
 I have read and understand the statement below.

Please note that any changes to the information in this form require a NEW request form. OTC must still charge for tests performed according to this form unless a NEW request form is received before testing commences. Verbal change requests are not binding.