

PRE-CONTACT CHECKLIST

GEOMETRY

Rod size or designation:		If no OD of bit OD Core:	_____ mm
Standard Kerf on bit:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Depth of Bit:	_____ feet
Total Depth:	_____ feet	Rods Greased:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Casing Depth:	_____ feet	Where is Greased section in hole?	_____ feet

Comments:

DYNAMICS

Pump pressure before incident:	_____ psi	Pump pressure after or during:	_____ psi
Pump rate:	_____ Gal/min	Max pressure:	_____ psi
Pumping Irregularities:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Torque before:	_____ ft/pounds

Action immediately prior to incident:

Current available movement options:

Mixing Capacity on Surface Vol:	_____ Gal	Are there fluid returns?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Comments:

GEOLOGY

Observed change in geology?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Change in ROP?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, describe:			
Consistency of core:			
Comments:			

INVENTORY

What was being mixed?
What was the consistency of the mixture?
Did water source change? Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other additives not in program added? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is on location or immediately available for use on project?
Consistency of returns?
Symptoms (describe the symptoms, not the problem)