

# Failure Data Reporting

## WELL IDENTIFICATION

Lease No.: \_\_\_\_\_ \* Well No.: \_\_\_\_\_ API Well No.: \_\_\_\_\_

## RIG OWNER INFORMATION

\* Rig Owner / Drilling Contractor: \_\_\_\_\_ \* Operator: \_\_\_\_\_  
 \* Rig Name: \_\_\_\_\_  
 \* Primary Contact: \_\_\_\_\_ \* Contact Email: \_\_\_\_\_  
 \* Name of Person Reporting: \_\_\_\_\_  
 Name of OEM Representative Onboard, if applicable: \_\_\_\_\_

### Other Information

\* Owner Specific Equipment ID Number: \_\_\_\_\_  
 OEM Incident Reference Number: \_\_\_\_\_ Equipment sent on shore: \_\_\_\_\_

## EQUIPMENT DATA

\* Subsea / Surface BOP: \_\_\_\_\_  
 \* System Integrator: \_\_\_\_\_  
 \* Subunit: \_\_\_\_\_  
 \* Item: \_\_\_\_\_  
 \* Component: \_\_\_\_\_  
 \* Component Manufacturer: \_\_\_\_\_  
 Observed Failure: \_\_\_\_\_  
 \* Model: \_\_\_\_\_  
 \* Size: \_\_\_\_\_ \* Pressure Rating: \_\_\_\_\_ psi  
 \* OEM Part Number: \_\_\_\_\_ OEM Serial Number: \_\_\_\_\_

## EQUIPMENT HISTORY

Date Affected Component was Installed at Current Location: \_\_\_\_\_  
 Maintenance Deferred on Equipment: \_\_\_\_\_  
 -If YES, what maintenance was deferred: \_\_\_\_\_  
 Date of Last Maintenance: \_\_\_\_\_  
 Description of Last Maintenance: \_\_\_\_\_  
 Amount of Usage at the Time of Failure: \_\_\_\_\_ Hours

## EVENT DATA

### Site Specific Information:

Rig Operation at the time of event: \_\_\_\_\_  
 IADC Code - Description: \_\_\_\_\_  
 \* Location (Region): \_\_\_\_\_ \* Location (Country): \_\_\_\_\_  
 \* Water Depth: \_\_\_\_\_ Feet  
 Wellbore Fluid Type: \_\_\_\_\_  
 Control Fluid (Manufacturer / Model): \_\_\_\_\_ / \_\_\_\_\_  
 Concentration: 3 % Glycol: \_\_\_\_\_ %  
 Was the last sample acceptable?: \_\_\_\_\_ Date of last sample: \_\_\_\_\_

### Event

\* Incident Date: \_\_\_\_\_  
 \* Where did the failure occur?: \_\_\_\_\_  
 \* Description of Event:

\* Hours of NPT \_\_\_\_\_ hrs  
 Hours of Repair time: \_\_\_\_\_ hrs  
 \* Did the event cause a BOP Stack pull?  N  
 HSE Incident:   
 Detection Method: \_\_\_\_\_  
 Immediate Corrective Action: \_\_\_\_\_  
 \* Root Cause: \_\_\_\_\_

Other/Comment:

Note - Fields mark with "\*" are mandatory.