Registered Data Sheet Perforating System Evaluation, Mixed Charges, API RP 19B Section 1 (reg. perforator, 2-part form)

API Form 19B-Section 1 ☐ Conforms to All requirements of Section 1 ☐ Special test - See Remarks/Exceptions below

Service Company _____ *Explosive Type 1 weight* _____ *gm,* _____ *Powder, Case Material* _____

Gun OD & Trade Name _____ *Explosive Type 2 weight* _____ *gm,* _____ *Powder, Case Material* _____

Charge Type 1 Name _____ *Max Temp, °F* _____ *1 hr* _____ *3 hr* _____ *24 hr* _____ *100 hr* _____ *200 hr*

Manufacturer Charge Type 1 Part No. _____ *Date of Mfg* _____ *Maximum Pressure Rating* _____ *psi, Carrier Material* _____

Charge Type 2 Name _____ *Shot Density Tested* _____ *Shots/ft*

Manufacturer Charge Type 2 Part No. _____ *Date of Mfg* _____ *Recommended Minimum ID for Running* _____ *in.*

Gun Type _____ *Available Firing Mode:* _____ *Selective* _____ *Simultaneous*

Phasing Tested _____ *degrees, Firing Order:* _____ *Top down* _____ *Bottom up* *Debris Description* _____

Remarks/Exceptions per Section 1.11 _____

Casing Data _____ *OD, Weight* _____ *lb/ft, API Grade,* _____ *Date of Section 1 Test* _____

Target Data _____ *OD, Amount of Cement* _____ *lb, Amount of Sand* _____ *lb, Amount of Water* _____ *lb.*

Date of Compressive Strength Test _____ *Briquette Compressive Strength* _____ *psi, Age of Target* _____ *days*

Shot No. for Charge Type 1	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*
Clearance, in.												
Casing Hole Diameter, Short Axis, in												
Casing Hole Diameter, Long Axis, in												
Average Casing Hole Diameter, in.												
Total Depth, in.												
Burr Height, in.												

Shot No. for Charge Type 2	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*
Clearance, in.												
Casing Hole Diameter, Short Axis, in												
Casing Hole Diameter, Long Axis, in												
Average Casing Hole Diameter, in.												
Total Depth, in.												
Burr Height, in.												

Remarks: _____

WITNESSING INFORMATION

Witnessed by: _____ *Date of Witness:* _____

Optionally Witnessed Activities: *Target Pouring* _____ *Briquette Preparation* _____ *Briquette Testing* _____ *Burr Height Measurements* _____

I certify that these tests were made according to the procedures as outlined in API RP 19B: Recommended Practices for Evaluation of Well Perforators, Third Edition, July 2021. All of the equipment used in these tests, such as the guns, shaped charges, detonating cord, etc., was standard equipment with our company for the use in the gun being tested and was not changed in any manner for the test. Furthermore, the equipment was chosen at random from stock and therefore will be substantially the same as the equipment, which would be furnished to perforate a well for any operator. API neither endorses these test results nor recommends the use of the perforator system described.

Penetration data recorded in API RP19B Section 1 may not directly correlate to penetration downhole.

CERTIFIED BY _____ _____

(Company Official) (Title) (Date) (Company) (Address)

Name of test as it should appear on website: _____

Name of test as it appears on application and application date: _____

Registered Data Sheet Perforating System Evaluation, Mixed Charges, API RP 19B Section 1 (high density, 2-part form)

API Form 19B-Section 1 ☐ Conforms to All requirements of Section 1 ☐ Special test - See Remarks/Exceptions below

Service Company _____ *Explosive Type 1 weight* _____ *gm,* _____ *Powder, Case Material* _____

Gun OD & Trade Name _____ *Explosive Type 2 weight* _____ *gm,* _____ *Powder, Case Material* _____

Charge Type 1 Name _____ *Max Temp, °F* _____ *1 hr* _____ *3 hr* _____ *24 hr* _____ *100 hr* _____ *200 hr*

Manufacturer Charge Type 1 Part No. _____ *Date of Mfg* _____ *Maximum Pressure Rating* _____ *psi, Carrier Material* _____

Charge Type 2 Name _____ *Shot Density Tested* _____ *Shots/ft*

Manufacturer Charge Type 2 Part No. _____ *Date of Mfg* _____ *Recommended Minimum ID for Running* _____ *in.*

Gun Type _____ *Available Firing Mode:* _____ *Selective* _____ *Simultaneous*

Phasing Tested _____ *degrees, Firing Order:* _____ *Top down* _____ *Bottom up* *Debris Description* _____

Remarks/Exceptions per Section 1.11 _____

Casing Data _____ *OD, Weight* _____ *lb/ft, API Grade,* _____ *Date of Section 1 Test* _____

Target Data _____ *OD, Amount of Cement* _____ *lb, Amount of Sand* _____ *lb, Amount of Water* _____ *lb.*

Date of Compressive Strength Test _____ *Briquette Compressive Strength* _____ *psi, Age of Target* _____ *days*

Shot No. for Charge Type 1	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*Average*
Clearance, in.												*xxxx*
Casing Hole Diameter, Short Axis, in												
Casing Hole Diameter, Long Axis, in												
Average Casing Hole Diameter, in.												
Total Depth, in.												
Burr Height, in.												

Shot No. for Charge Type 2	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*Average*
Clearance, in.												*xxxx*
Casing Hole Diameter, Short Axis, in												
Casing Hole Diameter, Long Axis, in												
Average Casing Hole Diameter, in.												
Total Depth, in.												
Burr Height, in.												

Remarks: _____

WITNESSING INFORMATION

Witnessed by: _____ *Date of Witness:* _____

Optionally Witnessed Activities: *Target Pouring* _____ *Briquette Preparation* _____ *Briquette Testing* _____ *Burr Height Measurements* _____

I certify that these tests were made according to the procedures as outlined in API RP 19B: Recommended Practices for Evaluation of Well Perforators, Third Edition, July 2021. All of the equipment used in these tests, such as the guns, shaped charges, detonating cord, etc., was standard equipment with our company for the use in the gun being tested and was not changed in any manner for the test. Furthermore, the equipment was chosen at random from stock and therefore will be substantially the same as the equipment, which would be furnished to perforate a well for any operator. API neither endorses these test results nor recommends the use of the perforator system described.

Penetration data recorded in API RP19B Section 1 may not directly correlate to penetration downhole.

CERTIFIED BY _____ _____

(Company Official) (Title) (Date) (Company) (Address)

Name of test as it should appear on website: _____

Name of test as it appears on application and application date: _____