



Registered Data Sheet Perforating System Evaluation, API RP 19B Section 1

API Form 19B-Section 1 Conforms to All Requirements of Section 1 Special Test - See Remarks/Exceptions below

Service Company _____ Explosive weight _____ gm, _____ powder, Case Material _____
 Gun OD & Trade Name _____ Max Temp, °F _____ 1 hr _____ 3 hr _____ 24 hr _____ 100 hr _____ 200 hr
 Charge Name _____ Maximum Pressure Rating _____ psi, Carrier Material _____
 Manufacturer Charge Part No. _____ Date of Manufacture _____ Shot Density Tested _____ Shots/ft _____
 Gun Type _____ Recommended Minimum ID for Running _____ in.
 Phasing Tested _____ degrees, Firing Order: ___ Top down ___ Bottom up Available Firing Mode: _____ Selective _____ Simultaneous
 Debris Description _____ Debris Weight _____ gm/charge, Debris _____ in³/charge

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.	No 1	No 2	No 3	No 4	No 5	No 6	No 7	No 8	No 9	No 10	No 11	
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.	No 12	No 13	No 14	No 15	No 16	No 17	No 18	No 19	No 20	No 21	No 22	Average
Clearance, in.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	XXXXXX
Casing Hole Diameter, Short Axis, in.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Casing Hole Diameter, Long Axis, in.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Average Casing Hole Diameter, in.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Depth, in.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Burr Height, in.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Remarks	_____											

Manufacturer's Certification

Type of Certification: _____ Self _____ Third Party

I certify that these tests were made according to the procedures as outlined in API 19B: Recommended Practice for Evaluation of Well Perforators, Second Edition, September 2006. All of the equipment used in these tests, such as the guns, jet charges detonator 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 that would be furnished to perforate a well for any operator. API neither endorses these tests nor recommends the use of the perforator system described.

_____ CERTIFIED BY _____
 _____ RECERTIFIED _____ (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: _____