

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 _____
 Remarks/Exceptions per Section 1.12 _____

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.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	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, October 2014. 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. Further more, 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: _____