

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: Tar get 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, Second Edition, September 2006. 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 should appear on application and application date: _____

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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, Second Edition, September 2006. 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.

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