



Chandler Frost
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Gas Lift Design Data Sheet

DATE: _____

Company: _____
 Lease: _____
 Well Number: _____
 Field: _____

Designed For: _____
 Field Contact Name: _____
 Field Contact Phone #: _____
 Estimated Install Date: _____

NOTES: _____

Tubing Size	<input type="text"/>	Grade & Weight	<input type="text"/>
End of Tubing	<input type="text"/> MD <input type="text"/> TVD		
Casing Size and Weight	<input type="text"/>		
Liner Depth	<input type="text"/> MD <input type="text"/> TVD	Size & Weight	<input type="text"/>
Vertical or Horizontal Well?	<input type="text"/>		
TVD of Horizontal Well	<input type="text"/> TVD		
Packer Set At	<input type="text"/> MD <input type="text"/> TVD	Profile Nipple	<input type="text"/>

Static Bottom Hole Pressure, PSI	<input type="text"/>
Flowing Bottom Hole Pressure, PSI	<input type="text"/>
Depth of Perforations, Feet	<input type="text"/>
Fluid Production Required, BBL/DAY	<input type="text"/>
Oil Production Required, BBL/DAY	<input type="text"/>
Oil Gravity, Deg API	<input type="text"/>
Water Cut %	<input type="text"/>
Water Gradient, PSI/FT	<input type="text"/>
Wellhead Back Pressure, PSI	<input type="text"/>
Formation Gas-Oil Ratio	<input type="text"/>
Bottom Hole Temperature, Deg. F	<input type="text"/>
Temperature Gradient, 1000/FT	<input type="text"/>
Static Surface Temperature	<input type="text"/>
Flowing Surface Temperature	<input type="text"/>
Kick-Off Pressure, Max PSI	<input type="text"/>
Operating Pressure, PSI	<input type="text"/>
Lift Gas Gravity	<input type="text"/>

Please attach a recent deviation survey (if applicable) and current wellbore diagram.

