



Gel Technologies Corporation
 Polymer Products & Services
 P.O. Box 51438, Midland, Texas 79710

DATA PACKAGE – INJECTION WELLS

OPERATOR: _____ DATE: _____
 LOCATION: _____

COMPANY CONTACTS:

Name: _____ Title: _____ Telephone: _____
 Name: _____ Title: _____ Telephone: _____

FIELD NAME: _____

FIELD LOCATION:(County, State, Etc.) _____

FORMATION CHARACTERISTICS:

Name: _____
 Lithology: _____
 Reservoir Temperature: _____
 Drive Mechanisms: _____
 Reservoir Pressure: _____
 Water/Oil or Gas/Oil Contact Depth: _____
 Average Permeability: _____
 Average Porosity: _____
 Connate Water Saturation Percentage: _____
 Residual Oil Saturation: _____
 Clay types: _____

Is the zone of interest described as:

Fractured: Vugular: Homogeneous: Induced Fractures:

IMPORTANT - PLEASE INCLUDE THE FOLLOWING:

- A. Profile\Production log of the interval;
- B. Wellbore schematic

Additional Comments:

PROFILE MODIFICATION PROJECTS ONLY

Project Area Data:

Year injection started:_____ Pattern type:_____ Spacing:_____

No. of injection wells in project area:_____ No. of Producing wells in project area:_____

How has the reservoir responded to fluid injection:

Well Data: (Please copy and fill out a separate sheet for each well submitted)

Include a copy of logs through this completion interval and a completion schematic.*

Well Name:_____

Completion Date:_____

Completion Type: _____

Perforated Intervals:_____

Wellhead Injection Pressure:_____

Bottom Hole Pressure:_____

Average Injection Rate:_____

Cumulative Injection:_____

Bottom Hole Temp.:_____

Zonal Height:_____

Date of Last Profile log:_____

Thief Zone Description:

* This information may be faxed to 432-683-1883 if the document cannot be sent by email.