

WELL INFORMATION CHECKLIST

Please email this information to ofhelp@lufkin.com

COMPANY NAME _____

WELL NAME AND NUMBER _____

UNIT DESIGNATION _____ (such as C-640D-365-168)

ORDER NUMBER / SERIAL NUMBER _____

CRANK NUMBER _____ (typically embossed on side of crank arm)

PRESENT STROKE LENGTH _____

ROD DESIGN	SIZE	COUNT	or	FEET
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

PUMP PLUNGER DIAMETER _____

PUMP SETTING DEPTH _____

TUBING SIZE _____

PRIME MOVER GAS ELECTRIC
SIZE (HP OR DESIGNATION) _____

STROKES PER MINUTE _____

COUNTERBALANCE

	MASTER WEIGHT TYPE	AUXILIARY WEIGHT TYPE	NO. OF AUX WEIGHTS	POSITION (inches from end of crank)
RIGHT LEADING	_____	_____	_____	_____
RIGHT LAGGING	_____	_____	_____	_____
LEFT LEADING	_____	_____	_____	_____
LEFT LAGGING	_____	_____	_____	_____