| Submit 1 Copy To Appropriate District<br>Office                       | State of New Mexico<br>Energy, Minerals and Natural Resources                                                                    | Form C-103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| District I - (575) 393-6161                                           | Revised July 18, 2013 WELL API NO.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| District II - (575) 748-1283                                          | 1625 N. French Dr., Hobbs, NM 88240  District II – (575) 748-1283  811 S. First St. Artesia, NM 88210  OIL CONSERVATION DIVISION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 811 S. First St., Artesia, NM 88210<br>District III - (505) 334-6178  | 1220 South St. Francis Dr.                                                                                                       | Indicate Type of Lease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                  | Santa Fe, NM 87505                                                                                                               | STATE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| District IV – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM | 6. State Oil & Gas Lease No.                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| SUNDRY NOT                                                            | 7. Lease Name or Unit Agreement Name                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| (DO NOT USE THIS FORM FOR PROPO<br>DIFFERENT RESERVOIR. USE "APPLIC   | Barnes LS                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| PROPOSALS.)                                                           | 8. Well Number                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 1. Type of Well: Oil Well                                             | 7M                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Name of Operator     BP America Production Company                    | 9. OGRID Number<br>000778                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Address of Operator                                                   | 10. Pool name or Wildcat                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 737 North Eldridge Parkway, 12.181A                                   |                                                                                                                                  | Basin Dakota, Blanco-Mesaverde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Houston, TX 77079  4. Well Location                                   |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Unit Letter E:                                                        | 2445 feet from the North line and 830                                                                                            | feet from the West line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Section 23                                                            | Township 32N Range 11W N                                                                                                         | MPM County San Juan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|                                                                       | 11. Elevation (Show whether DR, RKB, RT, GR, etc.                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>国际运动区间沿出的产品的</b>                                                   | 6324'                                                                                                                            | The second secon |  |  |
| 12. Check A                                                           | Appropriate Box to Indicate Nature of Notice,                                                                                    | Report or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|                                                                       |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| NOTICE OF IN                                                          | SEQUENT REPORT OF:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| PERFORM REMEDIAL WORK  TEMPORARILY ABANDON                            | ILLING OPNS. P AND A                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| PULL OR ALTER CASING                                                  | T JOB                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| DOWNHOLE COMMINGLE                                                    | MULTIPLE COMPL CASING/CEMEN                                                                                                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| CLOSED-LOOP SYSTEM                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| OTHER:                                                                | Repair/ T&A Well                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                       | leted operations. (Clearly state all pertinent details, an<br>ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co.                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| proposed completion or rec                                            |                                                                                                                                  | impletions. Fittaen wendore diagram of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| O + 1 - 12 2016 N 1 - 02 2                                            | Old Designation and the best block by                                                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                       | 016: During workover operations, a retrievable bric<br>epaired using a Bowen Packer Type Casing Patch s                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                       | pairs, BP was unable to pull the retrievable plug. N                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                       | es to leave the wellbore in its current state (non-pro                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| June 50, 2017. In addition, BF will                                   | monitor intermediate casing pressure on a monthly                                                                                | y basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|                                                                       |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Spud Date: 07/02/200                                                  | 95 Rig Release Date:                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 5744 Date.                                                            | Ang Note and Date:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                       |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| I hereby certify that the information                                 | above is true and complete to the best of my knowledg                                                                            | e and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| SIGNATURE OUA CO                                                      | TITLE Regulatory Analyst                                                                                                         | DATE11/07/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Town on aniet name Town Co. I.                                        | in E mail address. Town Calair Class                                                                                             | DUONE. 201 002 5240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Type or print name Toya Colv For State Use Only                       | in E-mail address: <u>Toya.Colvin@bp.co</u>                                                                                      | m PHONE: <u>281-892-5369</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| 1/1                                                                   |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| APPROVED BY:                                                          | TITLE Deputy Oil & Gas                                                                                                           | Inspector, DATE 11/10/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| Conditions of Approval (if any):                                      | N District #                                                                                                                     | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |

## **General Description**

The Bowen Packer Type Casing Patch is an external catch tool, designed to engage a previously prepared fish, pack it off, and become a permanent part of the repaired casing, pipe or tubing.

The same dependable method of engagement and release which is utilized for Bowen Overshots is employed in the Bowen Packer Type Casing Patch. This method assures positive engagement and positive seal-off from either direction. The Patch provides a permanent connection which remains rigid and leak-proof for many years, yet is positively releasable if ever the need arises.

Bowen Packer Type Casing Patches will not restrict the bore of the casing or tubing in any manner.

The Bowen Packer Type Casing Patch is composed of three outside parts and five internal parts. This simplicity of design is matched by the simple positive operation.

## Use

The Bowen Packer Type Casing Patch as indicated, is used to repair a damaged casing string by replacement of the damaged section, without having to remove the entire string of casing from the hole.

Where the upper portion of a casing string becomes ruptured or disoriented from the lower portion such as by faulting or caving of the formation, crushing, rupture, or backing off, the upper portion must be removed. New casing is then replaced, the Bowen Packer Type Casing Patch forming the patching means between the old and new strings.

## Construction

The Bowen Packer Type Casing Patch is constructed in the most basic manner to perform the functions of engaging the fish, sealing off the fish, or releasing, either during or after setting operations, should this become advisable.

The TOP SUB, BOWL and GUIDE from the outer assembly.

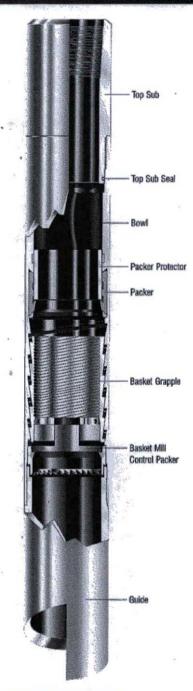
The TOP SUB has an upper connection to match the running string, and a lower connection to mate with the Bowl. A Top Sub Seal is located immediately below the lower thread of the Top Sub.

The BOWL has an upper connection for the Top Sub, an area of length into which the PACKER PROTECTOR slides during operation, a spiraled section which contains the engaging GRAPPLE, a space for the MILL CONTROL PACKER, and a lower connection to accept the GUIDE.

The GUIDE is usually flush with the outside diameter of the Casing Patch, and cut lipped. The primary purpose of the Guide is to assist smooth entry of the fish into the catch area of the patch. A secondary function is to maintain the inner working parts in position.

The inner working parts of the Bowen Packer Type Casing Patch are the GRAPPLE, PACKER, MILL CONTROL PACKER AND PACKER PROTECTOR.

The GRAPPLE is essentially a cylinder with wickers in its inside diameter for engaging the fish, and spirals on its outside diameter to mate with the spirals in the Bowl. Both the wickers and the spirals are made with a left-hand lead, which allow release by right-hand rotation. The Grapple has a series of longitudinal slots which allow the Grapple to flex diametrically during operation.



**Bowen Packer Type Casing Patch** 



| alouiettee | I TOTAL C | me Daror Q | n enguis be    |             |                       |                  |
|------------|-----------|------------|----------------|-------------|-----------------------|------------------|
|            | 9         |            |                | See graphs  | on pages 9 - 12 for o | combined loading |
|            |           |            | Maximum        | Maximum     | Tensile               | Maximum          |
|            |           |            | Internal       | Recommended | Strength              | Recommende       |
| Assembly   | Casing    | Patch      | Burst          | Pressure    | At                    | Puli Load        |
| No.        | O.D.      | O.D.       | (Fluid)        | Across      | Yield                 | In LBS.          |
|            |           |            | Press - PS I.* | Packers *   | with 0 RS.I. *        | with 0 P.S.L.*   |
| 11215      | 4-1/2"    | 5-3/4°     | 10,600 PSI     | 5000        | 398,600#              | 299,000          |
| 11220      | 5'        | 6-1/4"     | 9,800 PSI      | 5000        | 436,700#              | 327,500          |
| 11225      | 5-1/2"    | 6-13/16"   | 10,300 PSI     | 5000        | 481,900#              | 361,400          |
| 11230      | 6"        | 7-7/161    | 9,067 PSI      | 5000        | 451,300#              | 338,500          |
| 11235      | 6-5/8*    | 7-15/16*   | 7,558 PSI      | 5000        | 378,600#              | 284,000          |
| 11240      | T         | 8-3/8°     | 8,052 PSI      | 5000        | 415,300#              | 311,500          |
| 11245      | 7-5/8"    | 9*         | 7,493 PSI      | 5000 .      | 414,900#              | 311,200          |
| 11250      | 8-5/8"    | 10-1/16    | 7,450 PSI      | 5000        | 525,800#              | 394,400          |
| 11255      | 9-5/8*    | 11-1/8"    | 7,399 PSI      | 50,00       | 568,400#              | 426,300          |
| 11260      | 10-3/4"   | 12-5/16*   | 7,309 PSI      | 5000        | 624,200#              | 468,100          |
| 17025      | 1º Pipe   | 1-29/32*   | 7,870 PSI      | 4000        | 27,700#               | 20,800           |
| 17033      | 3/4° Pipe | 1-29/32*   | 7,870 PSI      | 4000        | 27,700#               | 20,800           |
| 22420      | 4°        | 5-1/4*     | 11,700 PSI     | 5000        | 362,600#              | 272,000          |
| 22430      | 5-3/4"    | 7-1/16     | 8,496 PSI      | 5000        | 378,700#              | 284,000          |
| 39136      | 11-3/4"   | 13-3/8*    | 7,290 PSI      | 3500        | 667,200#              | 500,400          |
| 41042      | 13-3/8"   | 15-1/8*    | 6,200 PSI      | 3500        | 686,700#              | 515,000          |
| 80669      | 13-5/8*   | 16*        | 10,500 PSI     | 3000        | 1,700,000#            | 1,276,000        |
| 149790     | 20"       | 24"        | 7,500 PSI      | 4500        | 2,333,000#            | 1,750,000        |

<sup>\*</sup> See the charts on pages 9 - 12 for the combined loading of burst pressure and tensile.

Note: The above burst figures apply to the bowl only. In no case should more than maximum packer pressure be applied to the Casing Patch.



