

Date

RA forms should be filled out completely and accurately. Please email completed forms to repairs@benthtree.com.

Contact Information

Company Name:	<input type="text"/>
Email:	<input type="text"/>
Contact Name:	<input type="text"/>
Telephone/Extension:	<input type="text"/>

Shipping Information

Address:	<input type="text"/>
City:	<input type="text"/>
State/Province/Postal:	<input type="text"/>
Country:	<input type="text"/>

Tool Information

Surface

Assembly Name	MFG	SN
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Downhole

Assembly Name	MFG	SN
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Failure Information

Surface Failure	<input type="checkbox"/>	Circulating Hours:	<input type="text"/>
Downhole Failure	<input type="checkbox"/>	Total Hours:	<input type="text"/>
Shop Failure	<input type="checkbox"/>	Downhole Temp:	<input type="text"/>
		Data Attached?	<input type="checkbox"/>

Required Action

Repair	<input type="checkbox"/>	Expedite*	<input type="checkbox"/>
Functional Test	<input type="checkbox"/>	*Fee applies	
Date of Last Repair:	<input type="text"/>		
Location of Last Repair:	<input type="text"/>		

Problem Description

Field Description:

Shop Description:

Special Instructions:

Please attach Field and Shop failure reports, screenshots, and test data pertinent to the perceived issue.