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CASING SHOE FORM

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BE USED WITHOUT THE WRITTEN CONSENT OF JON ERRICKSON

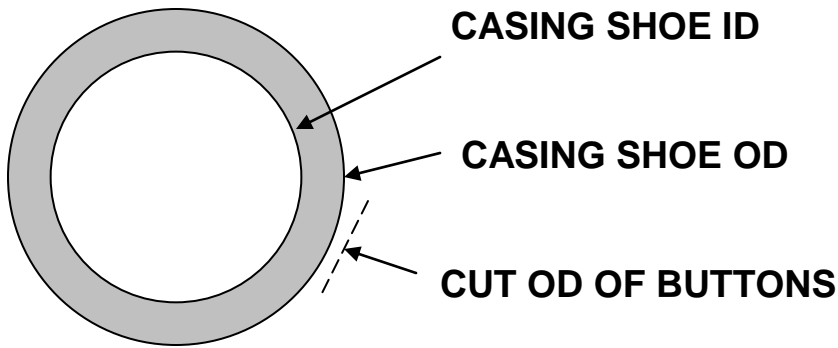
PIPE OD: _____ PIPE ID: _____ HOLE (CUT) OD: _____

SHOE OD: _____ SHOE ID: _____ SHOE LENGTH: _____

BUTTON DIA: _____ BUTTON TIP (SPECIFY): _____

BIT SIZE: _____ SHANK: _____

CLEARANCE BETWEEN BIT OD AND PIPE ID: _____



COMPANY NAME: _____ CONTACT: _____

PHONE: _____ FAX: _____ EMAIL: _____

COMMENTS:
