

**REQUEST FOR QUOTATION**

<b>Customer:</b>	_____	<b>Date:</b>	_____
<b>Address:</b>	_____	<b>Phone:</b>	_____
	_____	<b>Contact:</b>	_____
<b>Unit:</b>	_____	<b>Phone:</b>	_____
<b>Address:</b>	_____	<b>Contact:</b>	_____
	_____	<b>Response Req'd by:</b>	_____

**INDIRECT HEATER (LINE HEATER)**

1. Volume of Gas / 24 Hrs. \_\_\_\_\_ (Hrs. of Operation) \_\_\_\_\_
2. Volume of Fluid / 24 Hrs. \_\_\_\_\_ (Hrs. of Operation) \_\_\_\_\_
3. Shut-in Well Pressure \_\_\_\_\_
4. Operating Pressure \_\_\_\_\_
5. Operating Temperature \_\_\_\_\_
6. Gravity Crude \_\_\_\_\_
7. Sales Gas Pressure \_\_\_\_\_
8. Coil Bundle Working Pressure  
 3,000 PSI \_\_\_\_\_ 6,000 PSI \_\_\_\_\_ 10,000 PSI \_\_\_\_\_

**STANDARD ITEMS INCLUDE:**

Temperature Controller  
 Thermometer  
 Fill Hatch  
 Drain with Plug  
 Coil Bundle

**OPTIONAL ITEMS INCLUDE:**

Automatic Shut-Down Reset  
 Flame Arrestor  
 Long Nose Choke  
 Single or Split Coil  
 Skid Mounted  
 Thermo-Pak Type

**PLEASE CHECK OPTIONAL ITEM DESIRED BELOW:**

- [ ] Calcium Chloride Water (Deposits)  
 [ ] Glycol Formulated (Freezing) 220°F  
 [ ] Steam Bath (245°F 15 PSIG)

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**Response Req'd by:** \_\_\_\_\_

**SEPARATORS**

1. Volume of Oil / 24 Hrs. \_\_\_\_\_ (Hrs. of Operation) \_\_\_\_\_
2. Volume of Gas / 24 Hrs. \_\_\_\_\_ (Hrs. of Operation) \_\_\_\_\_
3. Volume of Water / 24 Hrs. \_\_\_\_\_ (Hrs. of Operation) \_\_\_\_\_
4. Operating Temperature \_\_\_\_\_
5. Operating Pressure \_\_\_\_\_
6. Shut-in Well Pressure \_\_\_\_\_
7. 2 or 3 Phase \_\_\_\_\_
8. Vertical or Horizontal \_\_\_\_\_
9. Percentage of H<sub>2</sub>S Conditions (if applicable) \_\_\_\_\_
10. API Gravity \_\_\_\_\_

**STANDARD ITEMS INCLUDE:**

- 1 Valve for 2-Phase Vessel
- 1 Level Control for 2-Phase Vessel
- Relief Valve
- Rupture Head with Disc
- Skid Mounted (Horizontal)
- 2 Level Controls for 3-Phase
- Mist Extractor S.S. Wire Mesh or Vane Type
- Manway
- A.S.M.E. Coded
- 2 Valves for 3-Phase

**PLEASE CHECK SPECIAL APPLICATIONS NEEDED:**

- Paraffin
- Hydrates
- Sand
- H<sub>2</sub>S Condition
- Foam
- Filter (Solids or fine mists or fog)
- Thermo-Pak





P O BOX 582132 TULSA OK 74158  
PHONE: (918) 835-1011 FAX: ( 918) 835-1058

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**VAPOR RECOVERY UNIT**

1. Volume of Gas. \_\_\_\_\_
2. Discharge of Pressure \_\_\_\_\_
3. Sour Gas \_\_\_\_\_
4. GPM of Gas (Gallons of Liquid per Thousand Cubic Feet) in Gas \_\_\_\_\_

**STANDARD ITEMS INCLUDE:**

- Automatically Operated
- Inlet Scrubber
- Liquid Transfer System
- Compressor (Air or Water Cooled)
- Skid Mounted
- Control & Safety Devices
- Explosion -Proof