

REQUEST FOR QUOTATION

Customer: _____	Date: _____
Address: _____	Phone: _____
_____	Contact: _____
_____	_____
Unit: _____	Phone: _____
Address: _____	Contact: _____
_____	_____
_____	Response Req'd by: _____

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)