



Date: \_\_\_\_\_

### Company Information:

Company Contact:	
Company Name:	
Address:	
City, State, ZIP:	
Contact Phone:	

### Project Information:

Project Name:	
Project District:	
Project Field:	
Project City, State, ZIP:	
Shale Play:	
Delivery Required:	

### Design Conditions

Max. Gas Flow Rate (MMSCFD)	
Gas Operating Temperature (°F)	
Gas Operating Pressure (PSIG)	
Tower Design Pressure (PSIG)	
Corrosion Allowance (Inches)	
Gas Specific Gravity	
Inlet Water Saturation (%)	
Required Outlet Water Content (Lb H <sub>2</sub> O/MMSCF)	
Hydrogen Sulfide (ppm)	
Carbon Dioxide (ppm)	

Preferred Heating Source	
Energy Exchange or Electric Pump	
Application (mark all that apply)	<input type="checkbox"/> Sales Gas Dehydration <input type="checkbox"/> Compressor Station <input type="checkbox"/> Fuel Gas <input type="checkbox"/> Sour Gas Service <input type="checkbox"/> Floating Production
Describe Power Available	
Describe Other Utilities	
Existing Site or New Installation?	
Emission Requirements	
Noise Requirements	
Accessories Required	

Notes or Scope Clarifications: