



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

Vessel Design Pressure (<i>PSIG</i>)	
Horizontal or Vertical	
Max. Oil Flow Rate (<i>Bbls per Day</i>)	
Oil Specific Gravity	
Max. Water Flow Rate (<i>Bbls per Day</i>)	
Water Specific Gravity	
Max. Gas Flow Rate (<i>MMSCD</i>)	
Gas Specific Gravity	
Operating Temperature (<i>°F</i>)	
Operating Pressure (<i>PSIG</i>)	
Outlet Oil Specification (<i>BS&W</i>)	
Corrosion Allowance (<i>Inches</i>)	

Treater Type (Emulsion, Electrostatic, Weather Package, etc.)	
Preferred Heating Source	
Type of Fuel Available	
Max. Allowable Pressure Drop (<i>PSIG</i>)	
H ₂ S or CO ₂ Concentration	
Describe Power Available	
Describe Other Utilities	
Existing Site or New Installation?	
Emission Requirements	
Noise Requirements	
Accessories Required	

Notes or Scope Clarifications: