



APPLICATION DATA FOR VRU VAPOR RECOVERY COMPRESSOR

COMPANY NAME _____

ADDRESS _____ **CITY** _____

PROVINCE / STATE _____ **COUNTRY** _____

PRODUCTION / FACILITY ENGINEER NAME _____

PHONE NUMBER _____ **EMAIL** _____

INSTALL LOCATION (LSD or Other) _____

FIELD CONTACT NAME _____

PHONE NUMBER _____ **EMAIL** _____

OBJECTIVE OF APPLICATION _____

GAS COMING OFF OF _____ **WET** _____ **DRY** _____

ARE THERE ANY FLUID SEPARATORS INSTALLED ON SITE BEFORE THE INTENDED LOCATION OF THE EGAS GAS COMPRESSOR? _____

IF YES, CAN THE EGAS GAS COMPRESSOR BE INSTALLED BEFORE THE SEPARATORS? _____

GAS DISCHARGING INTO: _____ **MULTIPHASE PIPELINE** _____ **GAS PIPELINE**

OTHER: _____

CORROSIVE ELEMENTS H2S _____ CO2 _____ PPM / % OTHER: _____

CURRENT TANK PRESSURE _____ PSI / kPa / Oz/in2

DESIRED TANK PRESSURE _____ PSI / kPa / Oz/in2

REQUIRED DISCHARGE PRESSURE _____ PSI / kPa

GAS VOLUME: CURRENT _____ POTENTIAL _____ Mcf/d / e3m3/d

GAS TEMPERATURE: INLET _____ MAXIMUM DISCHARGE _____ °F / °C

AMBIENT TEMPERATURE MAXIMUM _____ MINIMUM _____ °F / °C

ELECTRIC POWER AVAILABLE ON LOCATION: _____ V _____ PHASE _____ AMPS

POWER SOURCE: _____ GRID _____ ONSITE GENERATOR

CELLULAR SIGNAL AT LOCATION _____ Yes _____ No

SPECIAL REQUIREMENTS / ADDITIONAL INFORMATION: _____

CHANGING THE LANDSCAPE

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