



APPLICATION DATA SHEET FOR DGAS CASING GAS COMPRESSOR

COMPANY NAME _____

ADDRESS _____ CITY _____

PROVINCE / STATE _____ COUNTRY _____

CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

WELL SURFACE LOCATION _____

FIELD CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

CASING PRESSURE CURRENT _____ DESIRED _____ PSI / kPa

FLOWLINE PRESSURE CURRENT _____ ON TEST _____ PSI / kPa

ANTICIPATED GAS VOLUME _____ Mcf/d / e3m3/d

PUMP JACK INFORMATION:

MAKE AND MODEL _____ - _____ - _____

SPM _____ - CURRENT STROKE LENGTH _____ INCHES - IF APPLICABLE,

CAN THE PUMPJACK BE CONVERTED TO LONG STROKE: YES _____ NO _____

SET ON CEMENT BASE OR PILES: _____ BASE STICKOUT _____ IN

CEMENT BASE SET UPS: # OF RAILS _____ # OF TIE-DOWNS _____

ADDITIONAL INFORMATION _____

CHANGING THE LANDSCAPE

Box 1759, Moosomin, Saskatchewan S0G 3N0 – (306) 435 4848

