



APPLICATION DATA FOR EGAS CASING GAS COMPRESSOR
(For non casing gas applications, please use IJACK EGAS GAS APPLICATION DATA SHEET)

COMPANY NAME _____

ADDRESS _____ CITY _____

PROVINCE / STATE _____ COUNTRY _____

CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

WELL SURFACE LOCATION / NAME _____

FIELD CONTACT NAME _____

PHONE NUMBER _____ EMAIL _____

GAS DISCHARGING INTO: _____ MULTIPHASE PIPELINE _____ GAS PIPELINE

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

CASING PRESSURE CURRENT _____ DESIRED _____ PSI / kPa

FLOWLINE PRESSURE CURRENT _____ ON TEST _____ PSI / kPa

ANTICIPATED GAS VOLUME _____ Mcf/d / e3m3/d

GAS INLET TEMPERATURE _____ °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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