

Primenergy **REQUEST FOR QUOTATION**

Customer: _____ **Date:** _____
Address: _____ **Phone:** _____
_____ **Contact:** _____
_____ **Unit:** _____ **Phone:** _____
Address: _____ **Contact:** _____
_____ **Response Req'd by:** _____

INDIRECT HEATER (LINE HEATER)

1. Volume of Gas / 24 Hrs. _____ (Hrs. of Operation) _____
2. Volume of Fluid / 24 Hrs. _____ (Hrs. of Operation) _____
3. Shut-in Well Pressure _____
4. Operating Pressure _____
5. Operating Temperature _____
6. Gravity Crude _____
7. Sales Gas Pressure _____
8. Coil Bundle Working Pressure
3,000 PSI _____ 6,000 PSI _____ 10,000 PSI _____

STANDARD ITEMS INCLUDE:

Temperature Controller
Thermometer
Fill Hatch
Drain with Plug
Coil Bundle

OPTIONAL ITEMS INCLUDE:

Automatic Shut-Down Reset
Flame Arrestor
Long Nose Choke
Single or Split Coil
Skid Mounted
Thermo-Pak Type

PLEASE CHECK OPTIONAL ITEM DESIRED BELOW:

- [] Calcium Chloride Water (Deposits)
[] Glycol Formulated (Freezing) 220°F
[] Steam Bath (245°F 15 PSIG)