



Vapor Recovery Unit Design



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

Gas Flow Rate (MSCFD)	
Gas Specific Gravity	
Gas Mol Weight	
Please Provide Gas Analysis	
H ₂ S Concentration (ppm)	
Suction Pressure (PSIG/HG)	
Discharge Pressure (PSIG)	
Inlet Temperature (°F)	
Site Altitude (Feet above sea level)	

Cold Weather Package?	
Electric or Natural Gas Drive?	
Req'd Area Classification	
Describe Power Available	
Describe Other Utilities	
Existing Site or New Installation?	
Emission Requirements	
Noise Requirements	
Accessories Required	

Notes or Scope Clarifications: