



USA Gas Project Evaluation

Thank you for completing the information about your prospective project. We will rely on this information for preliminary analysis for the potential of your application in order to quote you. *If actual data is not available, please indicate estimates with an **.

1 Project Information

Company: _____ Contact Name: _____

Address: _____

Phone: _____ Email: _____

2 Site Information:

Project Description: _____

Project Development Stage: (check all started):
Feasibility Planning Funding Design
Engineering Construction Operational

Does source flow 24/7 all year? If not, explain

3 GAS COMPOSITION (% OF GAS MUST = 100%)

Methane: _____ Nitrogen: _____ Ethane: _____

Propane: _____ Butane: _____ CO2: _____

Other Gases + %: _____

If you do not know the composition of your gases, we will run the calculation based on reasonable assumptions for clean natural gas.

4 INLET Pipeline Conditions

INLET Temp (usual max is 482°F): _____ °F

Pressure (usual max is 580 PSIA): _____ PSIA

Flow Rate: _____ SCF(Standard* Cubic feet)
Per Minute Per Hour Per Day

*Standard Conditions = 60° F 14.7 PSIA

5 OUTLET Pipeline Conditions

OUTLET Temp: (usual min is -4°F): _____ °F

Pressure (usual min is 1 PSIA; Min Pressure Ratio is approx. 2:1):
_____ PSIA

What is the coldest temperature that you will accept your gas?*

_____ °F

6 Will you be using the process cold refrigeration that is a by-product? YES NO POSSIBLY

Do you have waste heat nearby? YES NO POSSIBLY

VERY IMPORTANT to calculate payback period Currency Type: _____

Highest Average Electrical Cost _____ per kWh* Cost per Million BTU of gas: _____ (per MMBTU)

**To determine true cost of power, take your total bill and divide it by the kW hrs used. Acceptable payback usually needs US 6¢/kW or more.*

7 REASON FOR PURCHASE (Check all that pertain to your company's needs)

Energy Efficiency ____ Tax Incentives ____ Pressure Control ____ Energy Savings ____ Carbon Credits ____

Process Cooling ____ Emission Reduction ____ Increase Revenue & Profits ____

Completed by: _____ Date: _____

NOTES: