



SUPERIOR FABRICATION, INC.

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TREATER / FWKO SPECIFICATION SHEET

Company name _____

Project location _____ Date required _____

Contact name _____

Phone _____ Fax. _____ E-mail _____

Conditions :

Oil rate _____ BBL/day _____ Specific Gravity _____

Water rate _____ BBL/day _____ Specific Gravity _____

Gas flow rate _____ MMSCFD _____ Specific Gravity _____

Inlet Temperature _____ deg F

Operating Pressure _____ PSIG

Desired Treating Temperature _____ deg F

Oil Characteristics (at treating temperature):

Viscosity _____ cP

Emulsion None Loose Moderate Tight

Size of water droplets _____ micron

Other, (wax, parafin, sludge) _____

Do you prefer a Horizontal or Vertical Treater? HORIZONTAL VERTICAL

(Note: Superior Fabrication will verify the suitability of orientation.)

Desired Options:

Vertical Only	Water Siphon	<input type="checkbox"/>	INTERNAL	<input type="checkbox"/>	EXTERNAL	<input type="checkbox"/> NONE
	Lines for Inlet, Oil & Gas	<input type="checkbox"/>	INTERNAL	<input type="checkbox"/>	EXTERNAL	
	Access Ladder	<input type="checkbox"/>	CAGED	<input type="checkbox"/>	OPEN	
	Crows Nest Railing	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Horizontal Only	Skid Mounted	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
	Type of Controls	<input type="checkbox"/>	PNUEMATIC	<input type="checkbox"/>	MECHANICAL	
	Coalescing Plate Section	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Either	Gas Back Pressure Valve	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
	Anodes	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	_____ Qty.

Other Options _____

Superior Fabrication, Inc. can provide any type or arrangement of Treater and will quote the best for conditions stated above. However, if you prefer a specific type of Treater or specific brand of controls and instruments, please note as such here. _____