

Date: _____
Customer: _____
Contact Name: _____
Job Name and Location: _____
Phone/Fax Number: _____
Email Address: _____

AUTHORIZED LAKOS REPRESENTATIVE

LAKOS Distributor: _____
City and State: _____
Phone Number: _____

LAKOS APPLICATION INFORMATION

Downhole Pump Protection

PROJECT DESCRIPTION**Required Data**

Maximum Flow Rate of Pump: _____	Depth of Pump Setting: _____
Minimum Flow Rate of Pump: _____	Pump Setting: _____
Minimum Inside Diameter (I.D.) of Well: _____	Pump Fluid Level: _____
Depth of Well: _____	Submergence: _____

If sizing a submersible pump, the following data is also required:

Maximum Diameter of Pump: _____	Overall Length of Pump and Motor: _____
Maximum Diameter of Motor: _____	Pump's Riser Size (E.U.E., N.S.T.): _____

Additional Information

Anticipated Purchase Date: _____
Type of Pump: _____
Riser Pump Material: _____
Maximum Shroud ID: _____
Pump Fluid Level: _____
Minimum Well I.D.: _____
Please Specify if and/or how you are keeping the gas out of the pump intake: _____

PLEASE SIGN HERE

The "Required Data" provided on this worksheet is true and accurate for the purpose of sizing a LAKOS Pump Protection Desander in a oil and gas application. I understand any errors or subsequent changes in this data may substantially affect performance and may void any warranty, either implied or expressed.

Signature _____