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Meter Tube Specification Sheet

Please answer the following standard questions for meter tube specification information needed to provide pricing and estimated delivery:

Meter Tube Design Requirements:

- * _____ Allocation (AGA 3 85 Edition)
- * _____ Custody Transfer (AGA 3 / API 14.3 2000 Edition)

Manufactured Orifice Fitting:

- * _____ Daniel Single Chamber or _____ Dual Chamber Fitting
- * _____ SureShot Single or _____ Dual Chamber Fitting
- * _____ Canalta Single or _____ Dual Chamber Fitting
- * _____ OFU Orifice Flanged Union
- * _____ Other - please specify: _____

Meter Fitting Trim Requirements:

- * _____ Standard Trim
- * _____ NACE Trim per MR-075 Requirements (For corrosive or CO₂ / H₂S Services)

Orifice Meter Size:

- * _____ (Example: 2", 3", 4", 6", 8", 10" and 12" other?)

Upstream Straight Pipe, Straightening Vanes or Flow Conditioners:

- * _____ Straight Pipe "No" Conditioner
- * _____ CPA TBR Flow Conditioner, available in sizes 2", 3" & 4"
- * _____ CPA 50E Flow Conditioner
- * _____ Line Type Straightening Vane, available in sizes 2" & larger
- * _____ Flanged Type Straightening Vane, available in sizes 2" & larger

Design Pressure:

- * _____ 600# ANSI (Maximum Design Pressure 1480 PSI)
- * _____ 300# ANSI (Maximum Design Pressure 750 PSI)
- * _____ 150# ANSI (Maximum Design Pressure 285 PSI)

Pipe Schedule:

- * _____ Schedule 40
- * _____ Schedule 80
- * _____ Schedule other: Please specify: _____

Upstream Meter Tube Blow-Down TOL size if required:

- * _____ 1/2" 3000# TOL – Thread-o-lets
- * _____ 3/4" 3000# TOL – Thread-o-lets
- * _____ 1" 3000# TOL – Thread-o-lets

Downstream Meter Tube TOL – Thread-o-let configuration:

- * _____ Number of 1/2" 3000# TOL – Thread-o-lets
- * _____ Number of 3/4" 3000# TOL – Thread-o-lets
- * _____ Number of 1" 3000# TOL – Thread-o-lets

Meter Tube Outer End Configuration:

- * _____ Flanged Outer Ends
- * _____ Threaded Outer Ends
- * _____ Beveled Outer Ends
- * _____ Blind Tee's
- * _____ Tee's with Closures: Please indicate specific brand, if required, in space provided:

Special Testing Required:

- * _____ X-Ray
- * _____ 1 hr., 4 hr. or 8 hr. Hydrotest Please circle amount of Hydrotest required.
- * _____ Mic Sheets only
- * _____ Mic Sheets & Documentation
- * _____ Protective Paint Only
- * _____ Special paint requirements: Please provide information in the space provided:

Accessory Items:

- * _____ Upstream & Downstream Full Port Ball Valves: Please indicate specific brand, if Required, in space provided: _____
- * _____ Check Valve: Please indicate specific brand, if required, in space provided: _____
- * _____ Thermowell, Sample Probe, Testwell
- * _____ Isolation Kit
- * _____ Skid

Please provide any additional information in the space listed below:

If you have any questions about the specification information listed above, please feel free to contact either of the following:

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Thank you!