



Data Sheet for Evaluation of Potential CrystaSulf[®] Sulfur Recovery Applications

Company Name: _____ Plant Name: _____
 Location of Plant: _____ Plant Elevation (ft): _____
 Type of Plant (e.g., refinery, natural gas treating, landfill, gasification, EOR): _____
 Stream to be treated (e.g., wellhead gas, amine acid gas, Claus tail gas, H₂ recycle): _____
 Name of Contact Person: _____ E-Mail Address: _____
 Telephone Number: _____ Fax Number: _____
 Mailing Address: _____
 How did you hear of CrystaSulf? _____

<u>Inlet/Sour Gas</u>	<u>Design</u>	<u>Composition (Vol %, Dry)</u>	<u>Design</u>
Flow Rate (MMscfd)	_____	Hydrogen Sulfide/H ₂ S	_____
Pressure (psig)	_____	Carbon Dioxide/CO ₂	_____
Temperature (°F)	_____	Carbon Monoxide/CO	_____
		Nitrogen/N ₂	_____
<u>Allowable Pressure Drop (psi)</u>	_____	Oxygen/O ₂	_____
		Hydrogen/H ₂	_____
<u>Treated gas destination (sales, fuel sys, flare, etc)</u>	_____	Methane/C1	_____
		Ethane/C2's	_____
<u>Treatment Specification</u>		C3's	_____
Max. Allowable H ₂ S in Treated Gas (ppm)	_____	C4's	_____
Overall % Sulfur Removal Required	_____	C5's	_____
		C6's	_____
<u>For Claus TGT Cases</u>		C7+	_____
% Sulfur Removal of Upstream Claus Unit	_____	Mercaptans/RSH	_____
First Bed Outlet Temp (°F)	_____	Sulfur Dioxide/SO ₂	_____
TiO ₂ catalyst (yes/no)	_____	Carbonyl Sulfide/COS	_____
		Carbon Disulfide/CS ₂	_____
<u>Utilities Available On-site (yes/no)</u>		Elemental Sulfur Vapor/S ₈	_____
___ Steam	psig _____	Ammonia/NH ₃	_____
___ Cooling	gpm, °F _____	Hydrogen Cyanide/HCN	_____
___ Electricity	_____	Total, Dry Basis	_____
		H ₂ O Vol %	_____
<u>Unit Installation Target Date: (mm/dd/yy)</u>	_____	H ₂ O Saturated? (Yes/No)	_____

E-Mail or Fax to:

Bonnie Davis
 (512) 248-6319
 (512) 248-6301 (Fax)
 bonnie.davis@crystatech.com

Additional Comments:

