

# SSSV APPLICATION FOR GAS TEST

<b>CONTACT INFORMATION</b>	Application Date: _____
Manufacturer: _____	Revision No.: _____
Representative: _____	Test Agency: Southwest Research Institute®
Address: _____	Address: 6220 Culebra Road
_____	San Antonio, TX 78238
_____	(210) 522-5480
Contact(s): _____	(210) 522-6638 (Fax)
_____	
P.O. # or W.O. #: _____	

## VALVE INFORMATION

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Nominal Tubing Size: \_\_\_\_\_ Rated Working Pressure: \_\_\_\_\_ psi

Valve Type: SCSSV and Tubing Retrievable

Test Section Length: \_\_\_\_\_ inches

Retest: Yes If yes, previous SwRI Test Number: \_\_\_\_\_

For SCSSV Only:

Maximum hydraulic control line pressure: \_\_\_\_\_ psi Greater than valve bore pressure

Maximum unequalized opening pressure differential: \_\_\_\_\_ psi

Minimum specified ID: \_\_\_\_\_ inches

Maximum specified OD: \_\_\_\_\_ inches

Drift Bar – Unique ID: \_\_\_\_\_ OD: \_\_\_\_\_ inches Length: \_\_\_\_\_ inches

Drift Sleeve – Unique ID: \_\_\_\_\_ ID: \_\_\_\_\_ inches Length: \_\_\_\_\_ inches

Tubing pressure insensitive: Yes  No

For SSCSV Only:

Velocity Type: Water Closing Rate: \_\_\_\_\_ B/D Gas Closing Rate: \_\_\_\_\_ MMscfd

For SSISV Only

Velocity Type: Differential Pressure at Gas Injection Rate: \_\_\_\_\_ psid Gas Injection Rate: \_\_\_\_\_ MMscfd

Opening Differential Pressure: \_\_\_\_\_ psid

**Statement Regarding Pressure Integrity of Test Article:**

The manufacturer certifies that all of the test items supplied for this testing are rated for the test pressures and have been hydrostatically tested according to the requirements of API 14A; this is 150% of working pressure for items that have a working pressure less than or equal to 10,000 psig and 5,000 psig above working pressure for test items that have a working pressure greater than 10,000 psig.

The test article and all associated hardware supplied to SwRI complies with this statement:   
If the test article does not comply with the above statement, the manufacturer must attach to this application an engineering justification for the pressure integrity of the test article.

**REQUIRED FUNCTIONAL TEST PRIOR TO GAS TEST:**

A functional test shall be performed and passed prior to submittal of the safety valve for gas testing.  
The safety valve submitted for testing complies with this statement.   
By checking this box, the manufacturer confirms that the functional test has been completed.

**PROCEDURE REQUIRED FOR GAS TEST:**

ISO 10432 / API Specification 14A:                      12th              Edition    Annex K  
In the event of a failure:    Contact manufacturer for instructions  
Are non-specified equipment or procedures required for testing?              Yes              (Specify requirements on Page 2.)

Non-specified equipment or procedures: