APPLICATION FOR API 14A VALIDATION TEST

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| CONTACT INFORMATION | | | | | | | | | | | | | | | | | 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: | | | |  | | | | | and | |  | | | | | | | | | | | | | | | | | | | | |  |
|  | Test Section Length: | | | | | | | |  | | | | inches | | | | | | | | | | | | | | | | | | | |  |
|  | Retest: | | |  | | | If yes, previous SwRI Test Number: | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  | *For SCSSV Only:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Maximum hydraulic control line pressure: | | | | | | | | | | | | |  | | | | | | psi | |  | | | | | | | | | | |
|  | | 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 | | |
|  | | *Tubing Pressure:* | | | | | | | Closing Pressure: | | | | | |  | | | | psig | | | | | | | | | | | | | | |
|  | For SSISV Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | *Velocity Type:* | Min Water Injection Rate: |  | B/D | Gas Injection Rate: |  | MMscfd | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Max Water Injection Rate: |  | B/D | Opening Differential Pressure: | | | |  | psi | |  | Estimated Differential Pressure at Max Water Injection Rate: | | | | |  | psi | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | *Tubing Pressure:* | Operating Pressure: |  | psig | Max Water Injection Rate: |  | B/D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  | | --- | --- | | 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 VALIDATION TEST: | | | A functional test shall be performed and passed prior to submittal of the safety valve for validation testing.  The safety valve submitted for validation complies with this statement.  By checking this box, the manufacturer confirms that the functional test has been completed. |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | HYDRAULIC REPEATABILITY REQUESTS FOR SCSSVs: | | | | | | | | | | | For SCSSVs, SwRI will adjust the metering of the control line fluid to provide a readable hydraulic control line pressure trace. A conscious effort will be made to comply with special requests that specify hydraulic control line opening and closing rates on the test application when SwRI considers the requested rates to provide an adequate control line pressure trace. This metering process will consist of adjusting the open and/or close rate throughout testing; it is possible that not all hydraulic cycle rates meet the special request. | | | | | | | | |  | | PROCEDURE REQUIRED FOR VALIDATION TEST: | | | | | | | | | | | ISO 10432 / API Specification 14A: | |  | Edition | |  | | | | | | | | |  | | In the event of a V2 failure: |  | | | | | |  | | Are non-specified equipment or procedures required for testing? | | | |  | | (Specify requirements on Page 2.) | | | | |  | | |  | | | | | | | | | | | | | |  | | Non-specified equipment or procedures: | | | | | | | | | | | | |