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 | | | | | | | | |
| Contact(s): | | | | |  | | | | | | | | | (210) 522-5480 | | | | | | | | |
| P.O. # or W.O. #: | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| VALVE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Model: | |  | | | | | | | | | | Serial Number: | | | | | | | | |  | | | | | | | | | |  |
|  | Nominal Tubing Size: | | | | | | |  | | | Rated Working Pressure: | | | | | | | | | | |  | | | | | psi | | | | |  |
| Valve Type: Select an Option for Valve Type 1 and Select an Option for Valve Type 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Section Length (including end connections): \_\_\_\_\_\_\_\_\_\_ inches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Retest: | | | Yes  No  If yes, previous SwRI Test Number: | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |
|  | | Minimum specified ID: | | | | | | |  | | | | | inches | | | | | |  | | | | | | | | | | | | |
|  | | Maximum specified OD: | | | | | | |  | | | | | inches | | | | | |  | | | | | | | | | | | | |
|  | | Drift Bar – Unique ID: | | | | | | | |  | | | | OD: | | | |  | | | inches | | | | Length: | | |  | | inches | | |
|  | | Drift Sleeve – Unique ID: | | | | | | | |  | | | | ID: | | | |  | | | inches | | | | Length: | | |  | | inches | | |
|  | *For SCSSV Only:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Maximum hydraulic control line pressure: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | psi | | Select an Option for Pressure Detail | | | | | | | | | | | | |
|  | | Manufacturer’s maximum recommended unequalized opening pressure (from operating manual): | | | | | | | | | | | | | \_\_\_\_\_\_\_\_ | | | | | psi | | | | | | | | | | | | |
|  | | Self-Equalizing: Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Tubing pressure insensitive: Yes  No  Balance Line Valve: Yes  No  Dual Control Line Valve: 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.  **SwRI request that the valve manufacturer provides a summary of the functional test data and/or the valve operation manual prior to the start of testing.** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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. | | | | | |  | | ***ISO 17025 DECISION RULE FOR PASS-FAIL CRITERIA:*** | | | | | |  | | The measurement uncertainty is reported in the test report for informational purposes only. Determination of pass-fail status will be completed using measured values of failure criteria in comparison to limits specified in the test procedure. The measurement uncertainty is not added to or subtracted from measurements of failure criteria in assessing pass-fail status. By submitting this application, the manufacturer accepts this decision rule. | | | | | |  | | PROCEDURE REQUIRED FOR VALIDATION TEST: | | | | | | | | ISO 10432 / API Specification 14A: | 13th | Edition | V2-R  V3-R | | | | | | | |  | | If testing to V2-R, when should the V3-R drift be performed? Select an option.  In the event of a V2-R failure: Select an option. | | | |  | | Are non-specified equipment or procedures required for testing? Yes  No  (If yes, specify requirements in the section below.) | | | | | | | |  | | |  | | | | | | | | | | |  | | Non-specified equipment or procedures: | | | | | | | | | |