



Project Submittal Form

Please print, fill out and Fax back to (713) 973-5721

Client Name: _____ Job Open Date: _____
Contact Name: _____ Job Close Date: _____
Title: _____ Phone Number: _____
Address: _____ Fax Number: _____
_____ Email Address: _____

Job Title: _____

Job Scope: _____

Is the End User of the product or service outside the U.S.? YES NO

(Note: If project encompasses both Engineering and QA activity, please include this in the scope.) Is job work being conducted:

Offshore Onshore Deepwater Foreign Country

Job Type:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Annular Pressure Buildup | <input type="checkbox"/> BOP Inspection | <input type="checkbox"/> Casing Design | <input type="checkbox"/> Collapse |
| <input type="checkbox"/> Completion Prognosis | <input type="checkbox"/> Connection Spec. | <input type="checkbox"/> Crossover Design | <input type="checkbox"/> Design Manual |
| <input type="checkbox"/> Drilling Prognosis | <input type="checkbox"/> Eng. Consulting | <input type="checkbox"/> Failure Invest. | <input type="checkbox"/> Frac Calculations |
| <input type="checkbox"/> Management/Software | <input type="checkbox"/> Material Selection | <input type="checkbox"/> Procurement | <input type="checkbox"/> Training |
| <input type="checkbox"/> Tubing Analysis | <input type="checkbox"/> Tubing Design | <input type="checkbox"/> Well Design | <input type="checkbox"/> Other: _____ |

Billing information: _____
