



Client: CNRL District: St. Albert Field: Cherhill
 Facility: Cherhill Comp Unit / Skid #: N/A LSD: 15-08-057-05W5
 Jurisdiction #: A0419465 Equip Tag #: 06-09 Sep Serial #: 97168A
 CRN #: L-0404.2 Nat'l Bd #: N/A Year Built: 1998
 Manufacturer: Kanbuilt Industries Inc Equipment Description: Separator
 Status: In Service - Date Removed From Service: _____ Service: Sweet
 MAWP Shell: 720 Psi @ 100 °F Height/Length: 10 Ft. Code Stamp: Y N
 MAWP Tube: _____ @ _____ Size/Diameter.: 36 in. O.D. Insulated: Y N
 MDMT: -20 °F RT: RT-2 Volume: _____ PWHT: Y N
 Support Type: Skirt Manway: Y N
 C.A.: 0.0625 in. Coated: Y N Clad: Y N J.E.: _____ Remote Access: - _____

Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
Top - Head	SA-516-70MT	0.875 in.	36.000 in.	OD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bottom - Head	SA-516-70MT	0.875 in.	36.000 in.	OD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Shell	SA-516-70MT	0.875 in.	36.000 in.	OD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Data plate is securely attached and easy to read.

PSV Static Data

PSV -1 Tag #: P12363 Serial #: CE-44119-2-A10 CRN: OG2369.5C
 Model #: 26FA12-120 Capacity: 4701 SCFM Set Pressure: 720 psi
 Manufacturer: Farris Service Company: Powell
 Inlet Size & Type: 1.50 in. - Flanged Last Service Date: 04-21-2010
 Outlet Size & Type: 2.00 in. - Flanged Block Valve: - -
 Carseal Intact: Yes Code Stamp: Yes
 Shell Side / Tube Side: Shell Side Location of PSV: _____

PSV -2 Tag #: _____ Serial #: _____ CRN: _____
 Model #: _____ Capacity: _____ Set Pressure: _____
 Manufacturer: _____ Service Company: _____
 Inlet Size & Type: _____ - Last Service Date: _____
 Outlet Size & Type: _____ - Block Valve: _____ -
 Carseal Intact: _____ Code Stamp: _____
 Shell Side / Tube Side: _____ Location of PSV: _____

PSV Comments

PSV is recently serviced, rated and plumbed properly for this vessel.



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External Inspection Results - VE

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Nameplate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Securely attached	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation and Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Anchor Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good bolting	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good grounding	<input type="checkbox"/>	<input type="checkbox"/>	
Insulation Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not insulated	<input type="checkbox"/>	<input type="checkbox"/>	
PSV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Serviced during TAR	<input type="checkbox"/>	<input type="checkbox"/>	
Shell & Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Isolated Rough/flaking paint	<input type="checkbox"/>	<input type="checkbox"/>	
Metal Surfaces (Paint)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Isolated flaking/ chipping paint	<input type="checkbox"/>	<input type="checkbox"/>	
Aux Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good Alignment	<input type="checkbox"/>	<input type="checkbox"/>	
Flange Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Clean and Clear	<input type="checkbox"/>	<input type="checkbox"/>	
Piping from Vessel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Clean and clear	<input type="checkbox"/>	<input type="checkbox"/>	
Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	clear and clean, no leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No leaks noted	<input type="checkbox"/>	<input type="checkbox"/>	
Current UT Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Survey Performed	UT Company: Matrix Inspection		
Previous UT Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Unknown	UT Company: Unknown		

LEGEND:

- Priority 0 - General Recommendations
- Priority 1 - Goal date is 30 days from the activity date
- Priority 2 - Goal date is 90 days from the activity date.
- Priority 3 - Goal date is 1 Year from the activity date.
- Priority 4 - Goal date is 5 Years from the activity date.

External Visual Observations**Manual Review Required By Customer Representative -**

There is corrosion and flaking paint noted at the floor where the vessel base is bolted.

There are isolated rough surfaces, staining, thick/ rough paint, and chipping or flaking paint noted throughout.

The vessel is painted and is in fair visual condition with chipping and flaking paint noted throughout.

The vessel is grounded through the skid it is on, and wires are secure.

The vessels piping and external attachments are in good visual condition with no evidence of leakage.

The vessel is bolted securely to the building floor and appears to be properly leveled.

The level gauges and sight glasses attached to this vessel are clear and appear to be in good working condition.

The PSV attached to this vessel is plumbed correctly, recently serviced, and rated properly.

An Ultrasonic corrosion survey was performed at the time of inspection by Matrix Inspection using DMS2 serial number 01NOV4. All thickness values recorded were considered acceptable at the time of the inspection. See attached UltraMate UT file for complete thickness values.

5311 – 86 Street, Edmonton, Alberta T6E 5T8 Phone: (780) 437-2022 Fax: (780) 438-1436
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Internal Inspection Results – VI

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Shell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Manway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Gasket Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Welds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Refractory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Heating Coils	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Demister Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Vane Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Trays	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Internal Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Tubesheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Tube Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	

LEGEND:

- Priority 0 - General Recommendations.
- Priority 1 - Goal date is 30 days from the activity date.
- Priority 2 - Goal date is 90 days from the activity date.
- Priority 3 - Goal date is 1 Year from the activity date.
- Priority 4 - Goal date is 5 Years from the activity date.

Internal Visual Observations**Manual Review Required By Customer Representative -**

No Internal inspection performed at his time.

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**VESSEL INSPECTION
SUMMARY**

Report #: **123812-KK-08**
 Inspect Date: 04/21/2010
 Page: 4 of 7
 IRISNDT #: 123812

Client: CNRL LSD: 15-08-057-05W5 Jurisdiction #: A0419465

Attached to Vessel Inspection Report # _____

Additional Attachments # of pages _____ Specify _____
 NDE UT MT PT ET RT OTHER _____

NDE Report #: _____
 Items Raised: NCR No Operational Action Item No Repair Action Item Yes Deferred Action Item Yes

Action Items / Recommendations:

Clean and repaint this vessel in the areas where paint is flaking.

Continue regular inspections to maintain vessel integrity and continued safe operation.

Actions Corrected at Time of Inspection: (If actions were corrected at the time of inspection – note the corrected actions here.)

None required

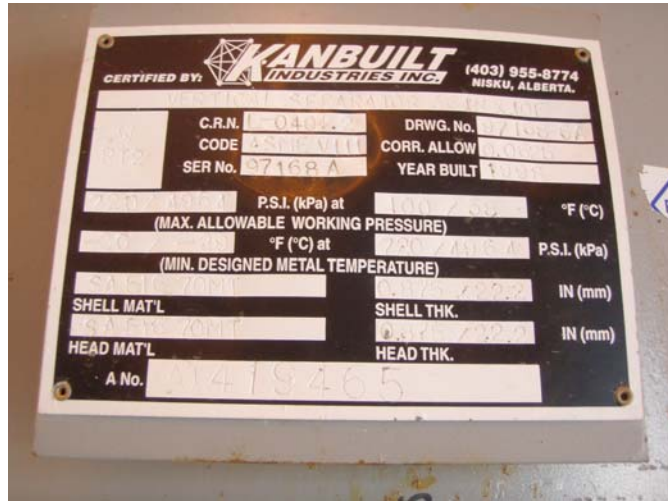
Meets Code Criteria: - **Yes** Re-Inspection Required - **No**

Recommended Inspection Intervals:

VE Inspect.	Last Inspection:	Apr - 2010	Interval (yrs)	05	Next Inspection:	Apr - 2015
VI Inspect.	Last Inspection:	-	Interval (yrs)		Next Inspection:	- 0000
UT Inspect.	Last Inspection:	Apr - 2010	Interval (yrs)	05	Next Inspection:	Apr - 2015
PSV Service	Last Inspection:	Apr - 2010	Interval (yrs)	05	Next Inspection:	Apr - 2015

Unit # _____ Kilometers: _____ In _____ 00:00 Out _____ 00:00 Hrs _____ In _____ 00:00 Out _____ 00:00 Hrs _____ Personnel: _____ P.O.# / W.O.#/AFE #: <u> 18203141-S646 </u>	Consumables: _____ _____ _____	Inspector: <u> Kris Katryniuk </u> PESL: _____ _____ (Print) _____ (Sign) API: <u> 510-35238 </u> Client Representative: I am in full agreement with report contents: } (Print) _____ } (Sign) _____
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Equipment Photographs:

01-A0419465 Data Plate

02-A0419465 A



03-A0419465 B



04-A0419465 Surface Corrosion



05-A0419465 Base Corrosion



06-A0419465 Base Corrosion 2