



# INSPECTION REPORT

Equipment #: 763 FL 717

Page:

Facility: <u>Hanlan Robb Gas Plant</u>	Prov.Reg.#: <u>458976</u>
Equipment Name: <u>01-17 Wellside Header</u>	Tag #: <u>13-0717-H-100</u>
Size: <u>10' x 15'</u> ID x L/H	MAWP: <u>3500</u> kPa @ <u>93</u> Deg C
Item Inspected: <u>Line Header</u>	Manway: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Service: <input checked="" type="checkbox"/> SOUR <input type="checkbox"/> SWEET <input type="checkbox"/> SOUR <input type="checkbox"/> CRYOGENIC	Fluid: <u>Glycol</u>

Scope Of Inspection	Type Of Inspection	Cleaning	Access
<input type="checkbox"/> Precommissioning	<input type="checkbox"/> AE <input type="checkbox"/> MT <input type="checkbox"/> RT	<input type="checkbox"/> Good	<input type="checkbox"/> Full
<input type="checkbox"/> Initial	<input type="checkbox"/> ET <input type="checkbox"/> MFL <input type="checkbox"/> UT	<input type="checkbox"/> Fair	<input type="checkbox"/> Partial
<input checked="" type="checkbox"/> Reinspection	<input type="checkbox"/> LT <input type="checkbox"/> PT <input checked="" type="checkbox"/> VT	<input type="checkbox"/> Inadequate	<input checked="" type="checkbox"/> External
	<input type="checkbox"/> Other		

Observations: *Add Pages and Sketches as needed(Turn over for Sketch)*

External  Internal

- No Defects

Recommendations None

Suitable For Further Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Remedial Action Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Inspection Performed By: <u>A. Travis</u>	Date Of Inspection: <u>Aug 15, 2009</u>
Follow-up Inspection Required: _____	By Date: _____



# INSPECTION REPORT

EQUIPMENT NO: 763 FL 717

FACILITY: Hankin Robb

PROV. REG. NO: Ⓐ 458976

EQUIPMENT NAME: 07-17 Well-site Heater

TAG NO: 63-0717-14-100

	SHELL		TUBE	
MAWP	<u>kpag@</u>	°C	<u>kpag@</u>	°C
MDMT	<u>kpag@</u>	°C	<u>kpag@</u>	°C
PSV Tag	<u>set@</u>	kpag	<u>set@</u>	kpag

ITEM INSPECTED: \_\_\_\_\_ MANWAY  YES  NO

SERVICE:  SOUR  SWEET  CRYOGENIC FLUID: \_\_\_\_\_

SCOPE OF INSPECTION	TYPE OF INSPECTION:	CLEANING:	ACCESS:
<input type="checkbox"/> PRECOMMISSIONING	<input type="checkbox"/> AE <input type="checkbox"/> MT <input type="checkbox"/> RT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FULL
<input type="checkbox"/> INITIAL	<input type="checkbox"/> ET <input type="checkbox"/> MFL <input type="checkbox"/> UT	<input type="checkbox"/> FAIR	<input type="checkbox"/> PARTIAL
<input checked="" type="checkbox"/> REINSPECTION	<input type="checkbox"/> LT <input type="checkbox"/> PT <input checked="" type="checkbox"/> VT	<input type="checkbox"/> INADEQUATE	<input checked="" type="checkbox"/> EXTERNAL
	<input type="checkbox"/> OTHER		

ADD PAGES AND SKETCHES AS NEEDED (TURN OVER FOR CHECK LISTS)

OBSERVATIONS:  EXTERNAL  INTERNAL

No defects

RECOMMENDATIONS:

SUITABLE FOR FURTHER SERVICE:  YES  NO

REMEDIAL ACTION PRIORITY:  HIGH  MEDIUM  LOW

INSPECTION PERFORMED BY: [Signature] DATE OF INSPECTION: Nov 4/04

FOLLOW-UP INSPECTION REQ'D:  YES  NO BY DATE: \_\_\_\_\_

PROCEDURE NO. <b>IP-320</b>	SUBJECT <b>FIRED EQUIPMENT</b>
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*Wellsite Heater  
763 FL717  
63-0717-4-100*

**CHECKLIST #1 - EXTERNAL INSPECTION**

- |     |  |  |
|-----|--|--|
| 1.  | Ladders, stairways, platforms and walkways | <input checked="" type="checkbox"/>                                  |
| 2.  | Foundations and supports                   | <input checked="" type="checkbox"/>                                  |
| 3.  | Nozzles                                    | <input checked="" type="checkbox"/>                                  |
| 4.  | Grounding connections                      | <input checked="" type="checkbox"/>                                  |
| 5.  | Protective coatings and insulation         | <input checked="" type="checkbox"/> <i>part: insulation are good</i> |
| 6.  | External metal surfaces                    | <input checked="" type="checkbox"/>                                  |
| 7.  | Pressure relief devices                    | <input checked="" type="checkbox"/>                                  |
| 8.  | Name plate                                 | <input checked="" type="checkbox"/>                                  |
| 9.  | Ultrasonic thickness survey                | <input type="checkbox"/> <i>N/A</i>                                  |
| 10. | Inspection report completed                | <input type="checkbox"/> <i>N/A</i>                                  |
| 11. | Nonconformance report completed            | <input type="checkbox"/> <i>N/A</i>                                  |

<i>Louey Samell</i>	<i>Jan 31 / 2001</i>		
APPROVAL <b>CHIEF INSPECTOR</b>	DATE <b>MAY, 1999</b>	REVISION <b>1</b>	PAGE <b>7 OF 8</b>

CERTIFIED BY

P

PRESSCO  
MANUFACTURING

N1-PREHEAT  
N2-REHEAT  
RT-100  
HT

A 458072

MAWP

DESIGN TEMP

REFER 1

35557  
13062

PROCESS

CDR ALLOWANCE

SHELL THK

1.61 MM  
3.21 MM

17.11 MM  
13.70 MM

6.2106

WEIGHT

HEAD THK

HEAD WALL THK

11476KG

N1 - DBE... RT  
 N2 - DBE... RT  
 BT - 100  
 RT

**P** PRES  
 458976

35654 79A  
 1395279A

93 0

PROCESS COILS

17.1  
 13.71 MM

62-1068

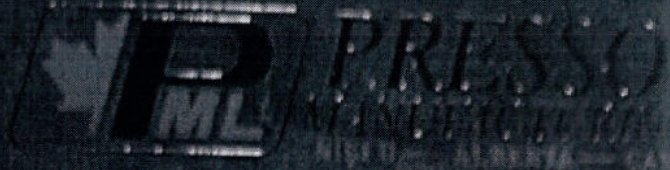
1:476KG

**P** PRES

RT-10  
 RT

PT-10

HT



656

1792 KPA

93 C

-29 C

20

DESCRIPTION

MAN RES NO

HOT OIL COIL

E9865.213

4-

CORR ALLOWANCE

SHELL THK

SHELL MATERIAL

1.6 MM

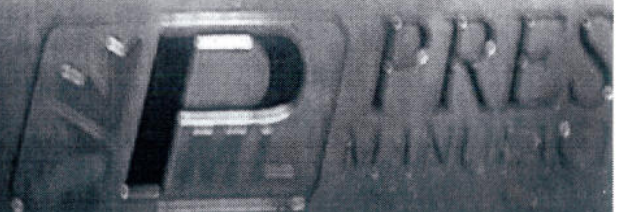
5.5 MM

SA-106B

WEIGHT

HEAD THK

HEAD MATERIAL



1.60 MM

5.50 MM

S4-1068

RT-10

**P**

PRESS  
MANUFACTURE

ALTERATION

MAINT

TESTING TEMP

MAINT

4654 KPA

93 C

-29 C

DESCRIPTION

LAB REF NO

HOT OIL COIL

E9865.213

CORR ALLOWANCE

SHELL THK

SHELL IN

.0625

5.50 MM

S4-1068

WEIGHT

HEAT TREAT

HEAD IN

RT-10



ALTERATION

RAWP

DESIGN TEMP

GRADE

4654 KPA

93 C

-29 C

DESCRIPTION

EQ. NO.

HOT OIL COIL

E9865.213

NOBB ALLOWANCE

SHELL THK

SHELL GRADE

.0625

5.5 MM

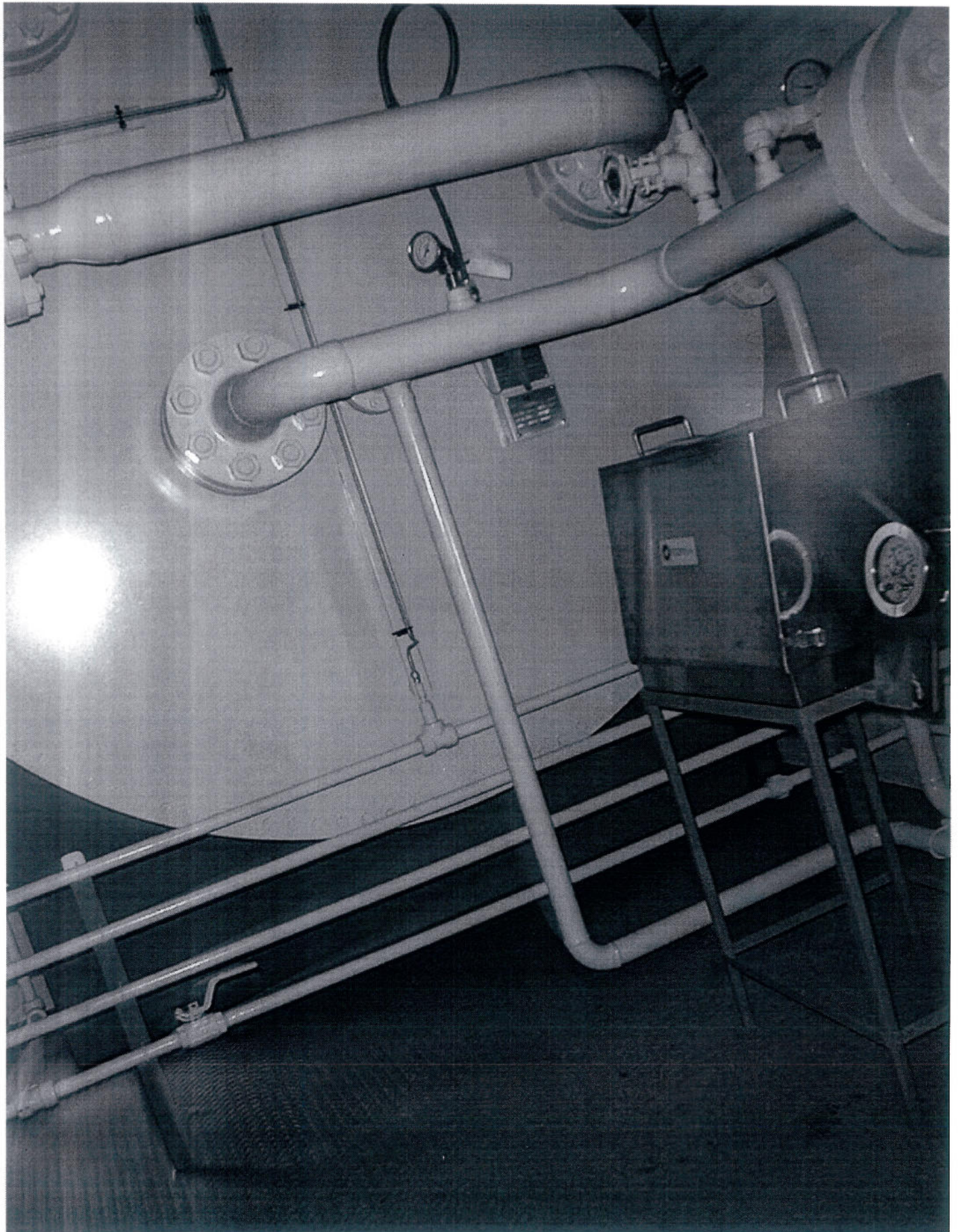
SA-106B

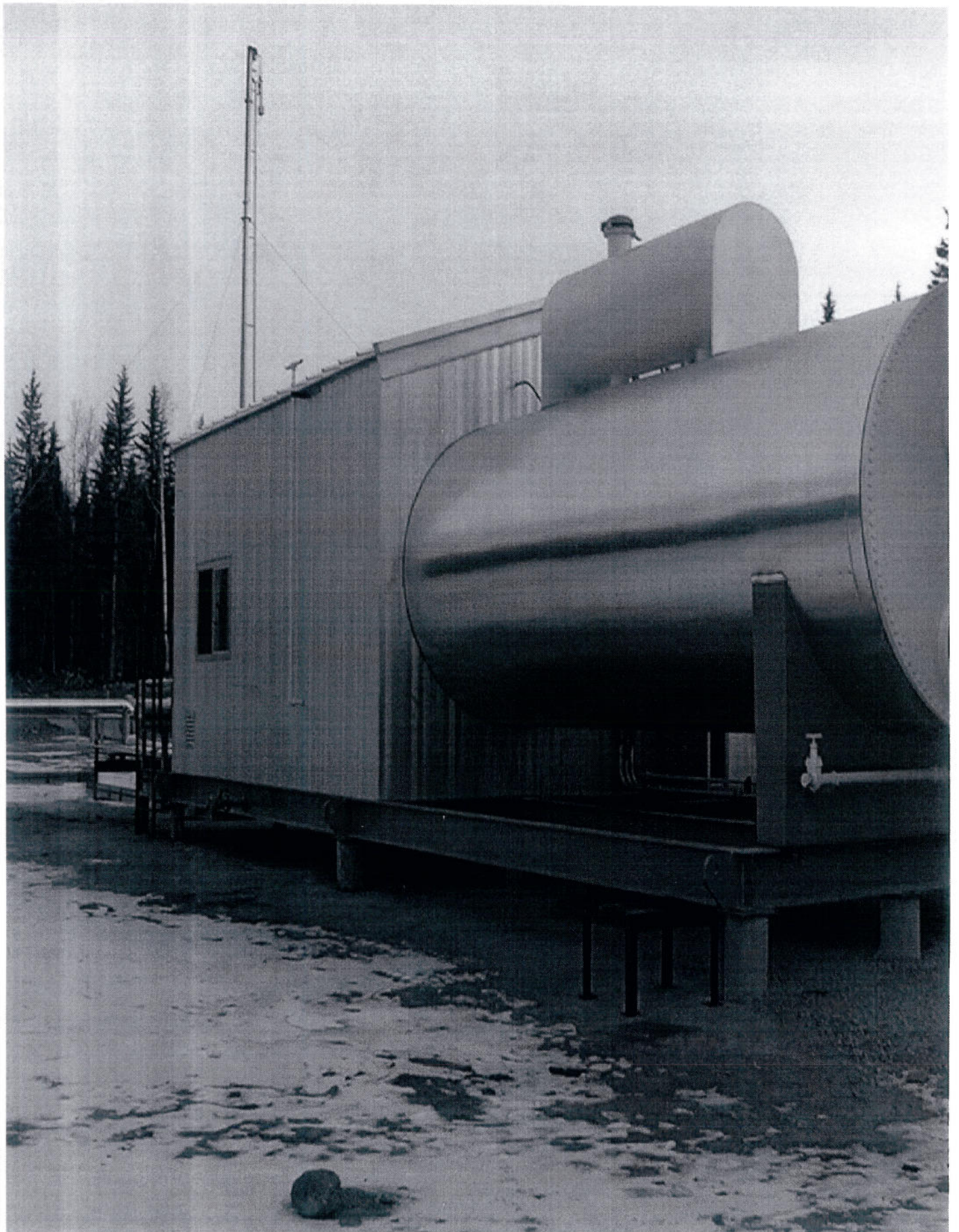
WEIGHT

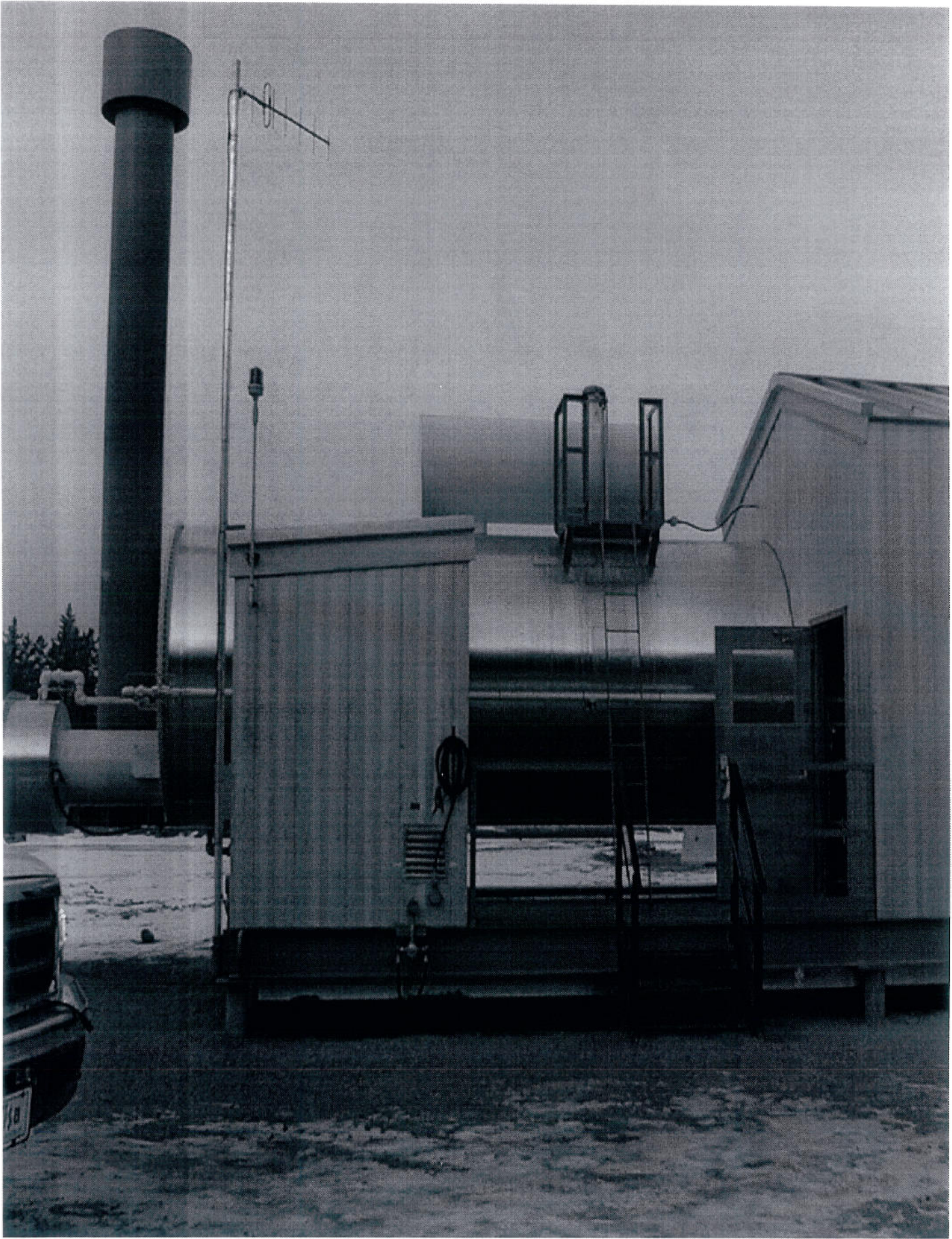
HEAD THK

HEAD GRADE















# EQUIPMENT STATIC DATA FORM

PCOG DATA							
EQUIP. NO.	<u>763FL717</u>	TAG NO.	<u>63-0717-H-100</u>	PRN	<u>458976</u>	CATEGORY	
PLANT/FIELD	<u>Hanlon Robb</u>	LSD	<u>0717-52-23WSH</u>	LOCATION	<u>Peppers</u>	M/WAY	<u>NO</u>
EQUIP. NAME	<u>Wellsite Heater</u>	CLASS	<u>Fired Equip</u>	TYPE	<u>Indirect Fired</u>		
SERVICE	<u>Sour</u>	FLUID		S/D REQ.			

MANUFACTURING DATA							
MFG.	<u>Presson</u>	DWG. NO.	<u>B6569-01</u>	SER. NO.	<u>6569-50</u>	YR. BUILT	<u>2000</u>
CRN		CODE/DIV.		PARA.		STAMP	
MAWP		@ TEMP	<u>93°C</u>	MDMT	<u>-14/-23/-29</u>		
FLANGE RATING		PWHT		RADIOGRAPHY	<u>RT-100/RT-100/RT-10</u>		
SIZE Ø	<u>2438.4</u> mm	LENGTH/HEIGHT	<u>7620</u> mm	VOLUME	<u>M</u>		
INSULATION TYPE	<u>Hot</u>	THK	<u>38.1</u> mm	SUPPORT	<u>Saddles</u>		

(kPa)	SECTION	MATERIAL	NOMINAL mm	C.A. mm	CRN #
35651	Process Coil #1	SA106B	17.1	1.6	E9E67.213
13962	Process Coil #2	SA106B	13.7	3.2	E9E68.213
4654	Hot Oil Coil	SA106B	5.5	0.0625	E9E65.213

TUBING DATA									
MAWP		kPa	@ TEMP		°C	TEMA CLASS		TYPE	
TUBE SIZE		mm	NUMBER		°C	GAUGE		JOINT	
		O.D.							
SECTION	MATERIAL	NOMINAL mm	C.A. mm						

TRAY/PACKING DATA					
TRAY TYPE		NUMBER		PACKING TYPE	
MATERIAL		MFG			

COATING/LINING/CLADDING DATA							
AREA		TYPE		MATERIAL		YR. APPLIED	
EXTERNAL		<u>Insulation</u>		<u>Mineral wool</u>		<u>2000</u>	
INTERNAL							
LINING							
CLADDING		<u>Aluminum Jacket</u>					

PRESSURE RELIEF DEVICES DATA									
EQUIP. NO.		TAG NO.		SET, kPa		CAPACITY		CAP UNITS	
<u>763ST717A</u>		<u>63-0717-01</u>		<u>7 P/O. 172 VGL</u>		<u>N/A</u>		<u>N/A</u>	

# Certificate of Inspection

**PETRO CANADA OIL & GAS**  
HANLAN ROBB  
ATTN: BRIAN PAULSON  
BOX 6480  
EDSON, AB  
T7E 1T8

PREFERRED RE-INSP. INTERVAL: Yr.

YEAR BUILT: 2000  
CRN: E9866.21  
SERIAL #: 6569-50

LOCATION: LSD 7-17-52-23 W5M (HANLAN ROBB/PEPPERS)  
DESCRIPTION: INDIRECT FIRED HEATER COILS  
COMPANY CODE: *63-0717-H-100*  
MANUFACTURER: PRESSON MANUFACTURING LTD.

VOLUME: 1.829 M3  
HEATING SURFACE: 89.02 M2  
SURFACE AREA:  
Safety Valves

PART	MAX. AUTHORIZED WORKING PRESSURE	MAX. TEMP	MIN. TEMP	VALVE ID	SETTING	CAPACITY	LOCATION
COIL 1	35654 KPA	93 C		SV1			TO BE INSTALLED
COIL 2	13962 KPA	93 C		SV2			TO BE INSTALLED
COIL 3	4654 KPA	93 C		SV3			TO BE INSTALLED

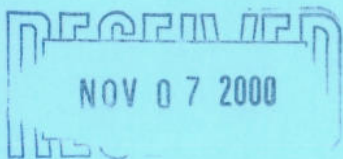
**OWNER INSTRUCTIONS/REMARKS:**

NOT SUBJECT TO ANNUAL FEES AS PER REGULATIONS PART 4 SECTION 28 (h)  
DIRECT OR INDIRECT FIRED OIL AND GAS PROCESS HEATERS OF THE COIL TYPE;

OWNER TO VERIFY INTEGRITY OF VESSEL BY PERIODIC INSPECTION PROGRAM.

VERIFY THAT VESSEL/BOILER IS PROTECTED BY AN ACCEPTABLE ASME CODE PRESSURE RELIEF VALVE, OF ADEQUATE CAPACITY, SET AT NO MORE THAN MAXIMUM PRESSURE AUTHORIZED AND INSTALLED IN ACCORDANCE WITH THE SAFETY CODES ACT & REGULATIONS.

VESSEL/BOILER TO BE INSTALLED IN ACCORDANCE WITH THE SAFETY CODES ACT AND REGULATIONS.



Safety Codes Officer: DENYS, METRO

Signature: *[Handwritten Signature]*

**NOTE: REQUIREMENTS OF THE SAFETY CODES ACT AND THE REGULATIONS ISSUED THEREUNDER:**

The owner or person in charge shall report all accidents involving a boiler, pressure vessel or pressure piping system to the district Safety Codes Officer immediately and shall send a full report in writing to the Administrator as required by the Act. No repairs or alterations may be made unless authorized by a Safety Codes Officer.

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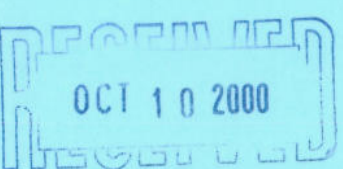
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Safety Codes Officer: DENYS, METRO

Signature: *Denys*

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