



Mothballing Documentation Form

Equipment Description

A#, NB# or C#:	A0228288	Date:	October 12, ²⁰¹⁹ 2020
Serial #:	L-6-335	Facility:	04-18-32-22w4
Equipment Type:	<input checked="" type="checkbox"/> Vessel <input type="checkbox"/> Compressor <input type="checkbox"/> Piping <input type="checkbox"/> Other _____	Equipment Number:	3916
Equipment Description:	Treater	Equipment LSD:	04-18-32-22w4

Please tick (only) one box that applies to this vessels situation:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 1) This equipment will remain out-of-service indefinitely.
2) This equipment will not be inspected until Operations decides to bring it back into service.
3) It is acceptable to inform the Regulator that this equipment is out-of-service. Operations does not want to inspect the equipment after it is mothballed. |
| <input type="checkbox"/> | 1) This equipment is currently not being used.
2) Operations is unsure when it will be put back into service.
3) This equipment will be inspected at on its normal interval. There is no need to inform the regulator of any changes. |

Notes/Comments: Vessel was drained completely. Vessel was left in a no pressure state. Facility is blinded @ the perimeters, Drain lines have been blinded.

Final Sign-Off

Print Name:	Troy Normand	Sign Name:	
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