

# Mountain West Services

Box 7, Site 12, RR#1 DeWinton, AB T0L 0X0

## Field Inspection Report - Hunt Oil # 904

**VesselNumber:** 441771      **Vessel Name:** LINE HEATER      **Province:** Alberta  
**District:** NORTH      **LSD:** 15-19-066-04W6      **Location:** KARR CREEK  
**Inspect Date:** 9/16/2005      **Inspection Interval:** 60      **Next Inspection:** 9/16/2010  
**CRN:** M1552.2      **Skid Number:** PKG50828      **Service:**  
**Manway:** NO      **Coating:** No      **Status:** In Service  
**MAWP** 5.000 psi      34.474 KPa      **Temp:** 200.000 (F)      93.333(C)  
**Outstanding NCR's** No      No # 0

### General

### Safety Valves

Side	MAWP (psi)	MAWP (kPa)	PSV No.	Set Press (psi)	Set Press (kPa)	Capacity Imperial	Imperial Units	Capacity Metric	Metric Units
Coil2	4503.000	31047.284	MWS60605	4503.202	31048.000	4623.000	SCFM	130.910	m3/min
Coil1	2025.000	13961.970	MWS60606	2025.048	13962.000	4104.000	SCFM	116.210	m3/min
Shell	5.000	34.474	NON-CODE	0.000	0.000	0.000	SCFM	0.000	m3/min

**Method** VT      **Access** External      **Thorough:** NO      **Representative:**      **Cleaning** Good

### External

All visible shell surfaces and nozzles appear in good condition. Name plate is intact and legible. Vessel supports, foundation, electrical bonding, insulation and cladding appear good. Associated piping, supports and components appear in good condition and alignment with no signs of leaks or defects present at the time of inspection. No evidence of short studding or nut rounding at time of inspection. Verify PSV protection and PSV's are properly installed with any block valves locked/sealed open. Verify vessel has CRN and A# stamping. PSV has correct code stamp, set pressure and MWS tagging, and was last serviced within the required interval guidelines. Assign inspection interval.

### Internal

### Recommendations

INSPECTOR : I have witnessed/done the above inspections and certify that they have been done in accordance with our approved manual and that the information is accurate. I certify that the status of the Pressure equipment detailed here is:

Suitable to be returned to Service	Yes	Repairs complete (AB-40 attached)	N/A
Repairs are still required	No	Suggested Inspection interval	60
Duane Paetkau Cert #000087			9/22/2005
<b>Inspector</b>		<b>Signature</b>	<b>Date</b>

CHIEF INSPECTOR: I certify that the information on this report is true and all inspections as required by our Owner/User

Quality Assurance Program # (PENDING) which expires in (PENDING) have been done.

Jim Damiani Cert 00037

9/26/2005