



A0218190_Nameplate_03Feb10



Client: CNRL District: St. Albert Field: Endiang
 Facility: 06-28-034-15W4 Unit / Skid #: N/A LSD: 06-28-034-15W4
 Jurisdiction #: A0218190 Equip Tag #: N/A Serial #: 26904A
 CRN #: C6936.2134 Nat'l Bd #: _____ Year Built: 1984
 Manufacturer: Western Rock Bit Co. Ltd. Equipment Description: Propane Bullet
 Status: In Service - Date Removed From Service: _____ Service: Sweet
 MAWP Shell: 1724 kPa @ 46 °C Height/Length: 477 in. Code Stamp: Y N
 MAWP Tube: _____ @ _____ Size/Diameter.: 108 in. O.D. Insulated: Y N
 MDMT: _____ RT: RT-2 Volume: 68.6 m³ PWHT: Y N
 Support Type: Saddle Manway: Y N
 C.A.: _____ Coated: Y N Clad: Y N J.E.: _____ Remote Access: - _____

Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
- Head	SA-516-70	19.620 mm	2744.000 mm	OD	<input type="checkbox"/>	<input type="checkbox"/>
- Shell	SA-516-70	19.760 mm	2744.000 mm	OD	<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PSV Static Data

PSV -1 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 -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

Could not access PSV's. They are located on top of vessel opposite end of platform. Will need a man lift or scaffolding to access.



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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		<input type="checkbox"/>	<input type="checkbox"/>	
Foundation and Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Anchor Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Grounding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Insulation Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
PSV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Could not access PSV's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Shell & Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Metal Surfaces (Paint)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Aux Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Flange Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Piping from Vessel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Temperature Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Current UT Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			UT Company:		
Previous UT Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			UT Company:		

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 -**

An external visual inspection was performed on the vessel and the findings are as follows:

- The vessel was operating at time of inspection. No process leaks or vibrations were noted..
- The paint is on shell and piping in very good condition with very isolated areas of paint flaking down to clean bare metal.
- All piping, flanges and bolting were in good condition.
- Manway is in good condition with some paint flaking with mild general corrosion. Bolting shows general corrosion where paint has failed but in acceptable condition.
- Ladder and platform is in good condition and secure
- The vessel is supported by saddles welded to shell and welded to metal skid. Vessel is secure and level.
- External UT was performed with no significant wall losses noted.
- Could not access PSV's.
- Refer to the attached photos, UT data and drawing for inspection findings.
- The vessel appears to be in good operating condition for continued service based on the external visual observations and UT thicknesses recorded and that overpressure protection has been verified.

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

Calgary (403) 279-6121
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Client: CNRL LSD: 06-28-034-15W4 Jurisdiction #: A0218190

Internal Inspection Results – VI N/A (Not Applicable)

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Shell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Manway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Gasket Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Refractory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heating Coils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Demister Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Vane Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Internal Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tubesheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tube Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

LEGEND:

- Priority 0 - General Recommendations.
- Priority 1 - Goal date is 30 days from the activity date.
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Internal Visual Observations

Manual Review Required By Customer Representative -

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MATRIX INSPECTION

VESSEL INSPECTION SUMMARY

Report #: **141148-PM-18**
 Inspect Date: 02/03/2010
 Page: 4 of 4
 IRISNDT #: 141148

Client: CNRL LSD: 06-28-034-15W4 Jurisdiction #: A0218190

Attached to Vessel Inspection Report # _____

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

NDE Report #: _____
 Items Raised: NCR _____ Operational Action Item _____ Repair Action Item _____ Deferred Action Item Yes

Action Items / Recommendations:

Continue to inspect vessel at regular scheduled intervals and insure that overpressure protection has been verified.

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

Meets Code Criteria: - Re-Inspection Required -

Recommended Inspection Intervals:

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

Unit # 380 Kilometers: _____

In 00:00 Out 00:00 Hrs _____
 In 00:00 Out 00:00 Hrs _____

Personnel: MB

P.O.# / W.O.#/AFE #: _____

Consumables:

Inspector:

 Pamela Maze PESL: 351
Pamela Maze CN = Pamela Maze, C = CA, O = _____
 IRISNDT API: 28750/34396/2786
 2010.05.10 10:28:47 -06'00' 7

Client Representative:

I am in full agreement with report contents: (Print) _____
 } (Sign) _____

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A0218190_Overview_03Feb10

285121 Unit 34, Wrangler Way, Calgary, Alberta, T1X 0K3
Phone: (403) 279-6121 Fax: (403) 236-0716

Medicine Hat (403) 878-0789
Lloydminster (780) 875-6455
Barrhead (780) 674-3018

Cold Lake (780) 594-1114
Grande Prairie (780) 532-2283
Fort McMurray (780) 743-1536

5311 – 86 Street, Edmonton, Alberta T6E 5T8
Phone: (780) 437-2022 Fax: (780) 430-6022

Red Deer (403) 347-1742
Oklahoma City, OK (405) 495-6677
Tulsa, OK (918) 446-8773