



An IRISNDT Company

VESSEL INSPECTION
SUMMARYReport #: 141136-PM-10
Inspect Date: 01/26/2010
Page: 1 of 4
IRISNDT #: 141136

Client: CNRL	District: St. Albert	Field: Byemoor																																														
Facility: 08-32-034-17W4	Unit / Skid #: N/A	LSD: 08-32-034-17W4																																														
Jurisdiction #: A0225172	Equip Tag #: N/A	Serial #: 85C339008																																														
CRN #: F4856.2	Nat'l Bd #: N/A	Year Built: 1985																																														
Manufacturer: Alco Gas & Oil LTD. Equipment Description: Horizontal Surge Receiver																																																
Status: In - Date Removed From Service:		Service: Sweet																																														
MAWP Shell: 250 Psi @ 150 °F	Height/Length: 2438 mm	Code Stamp: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																																														
MAWP Tube: @	Size/Diameter.: 610 mm O.D.	Insulated: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																														
MDMT: -50 °F	RT: RT-3	PWHT: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																														
Support Type: Saddle	Volume:																																															
C.A.: 1.6000 mm	Coated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Clad: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N J.E.:																																														
<table border="1"> <thead> <tr> <th>Component</th> <th>Material</th> <th>Nominal Thk</th> <th>Diameter</th> <th>OD/ID</th> <th>Tube Side</th> <th>Shell Side</th> </tr> </thead> <tbody> <tr> <td>- Head</td> <td>SA-516-70</td> <td>7.500 mm</td> <td>610.000 mm</td> <td>OD</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>- Shell</td> <td>SA-516-70</td> <td>9.500 mm</td> <td>610.000 mm</td> <td>OD</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>							Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side	- Head	SA-516-70	7.500 mm	610.000 mm	OD	<input type="checkbox"/>	<input type="checkbox"/>	- Shell	SA-516-70	9.500 mm	610.000 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"/>
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Comments:																																																

PSV Static Data

PSV -1 Tag #:	Serial #: TG68898	CRN:
Model #: 1992C1	Capacity: 859 SCFM	Set Pressure: 250 psi
Manufacturer: Consolidated	Service Company: Unified Valve	
Inlet Size & Type: 1 in. - Threaded	Last Service Date: July 06/2004	
Outlet Size & Type: 1 in. - Threaded	Block Valve: - - -	Location of PSV: Outlet piping
Shell Side / Tube Side: Shell Side		
PSV -2 Tag #:	Serial #:	CRN:
Model #:	Capacity:	Set Pressure:
Manufacturer:	Service Company:	
Inlet Size & Type: -	Last Service Date:	
Outlet Size & Type: -	Block Valve: - - -	Location of PSV:
Shell Side / Tube Side:		

PSV Comments

Could not read CRN number off of nameplate.

Edmonton	(780) 437-4747	Fort McMurray	(780) 743-1536	Cold Lake	(780) 594-1114	Mailing Address
Calgary	(403) 279-6121	Grande Prairie	(780) 532-2283	Red Deer	(403) 347-1742	5311 - 86 Street
Nisku	(780) 955-7616	High Level	(780) 841-0470	Tulsa, OK	(918) 446-8773	Edmonton, Alberta
Barrhead	(780) 674-3018	Lloydminster	(780) 875-6455	Houston, TX	(281) 476-4444	T6E 5T8



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 Page: 2 of 4
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Client: CNRL LSD: 08-32-034-17W4 Jurisdiction #: A0225172

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"/>	Accept		<input type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<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 3 - Goal date is 1 Year from the activity date.

Priority 1 - Goal date is 30 days from the activity date

Priority 4 - Goal date is 5 Years from the activity date.

Priority 2 - Goal date is 90 days 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.
- Paint on the heads, shell and piping is in good condition with very isolated areas of minor paint flaking down to clean bare metal.
- Where exposed all piping, flanges and bolting were in good condition.
- The vessel is supported by saddles welded to shell and bolted to skid floor. Vessel is secure and level.
- External UT was performed with no significant wall losses noted.
- PSV is in good condition with Carseal intact.
- 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.

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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 " 3 " - Goal date is 1 Year from the activity date.

Priority " 1 " - Goal date is 30 days from the activity date.

Priority " 4 " - Goal date is 5 Years from the activity date.

Priority " 2 " - Goal date is 90 days from the activity date.

Internal Visual Observations

Manual Review Required By Customer Representative -

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 Tulsa, OK (918) 446-8773
 Houston, TX (281) 476-4444

Mailing Address
 5311 – 86 Street
 Edmonton, Alberta
 T6E 5T8



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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 _____

Action Items / Recommendations:

- Continue to inspect vessel at regular scheduled intervals.

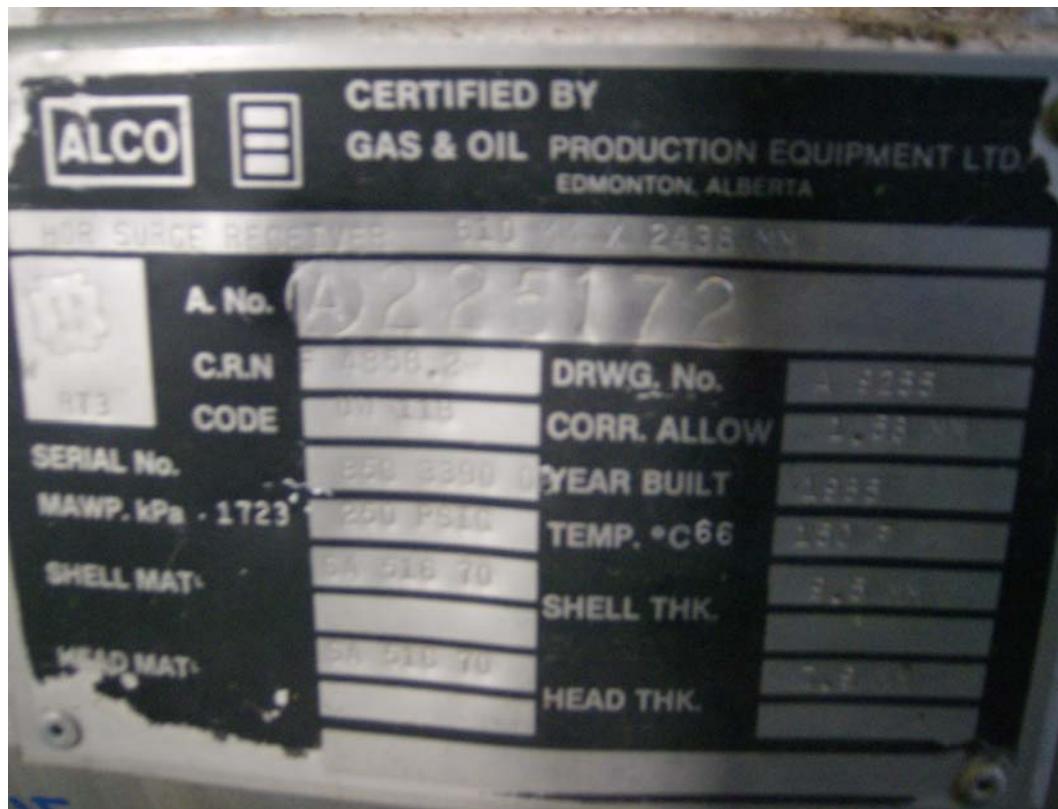
Actions Corrected at Time of Inspection: (If actions were corrected at the time of Inspection – note the corrected actions here.)

Recommended Inspection Intervals:

Meets Code Criteria: -			Re-Inspection Required -		
VT External	Last Inspection:	-	Interval (yrs)		Next Inspection: - 0000
VT Internal	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 # 374 Kilometers: _____	Consumables: _____	Inspector: Pamela Maze (Print) _____	PESL: 351
In 00:00 Out 00:00 Hrs _____			
In 00:00 Out 00:00 Hrs _____			API: 28750/34396/2786 7
Personnel: KK/MB _____ _____ _____		(Signature)	
P.O.# / W.O.#/AFE #: _____		I am in full agreement with report contents: Client Representative _____	

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A0225172_Nameplate_26Jan2010



A0225172_Overview_26Jan2010

5442 – 56 Avenue SE, Calgary, Alberta, T2C 4M6
Phone: (403) 279-6121 Fax: (403) 236-0716

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

Cold Lake
Grande Prairie
Fort McMurray

(780) 594-1114
(780) 532-2283
(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