



An IRISNDT Company

VESSEL INSPECTION
SUMMARYReport #: 141136-PM-01
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 #: A0142244	Equip Tag #: N/A	Serial #: 85C339009				
CRN #: F1579.2	Nat'l Bd #: N/A	Year Built: 1985				
Manufacturer: Alco Gas & Oil LTD. Equipment Description: Propane Suction Scrubber						
Status: In - Date Removed From Service:		Service: Sweet				
MAWP Shell: 250 Psi @ 150 °F	Height/Length: 2159 mm	Code Stamp: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
MAWP Tube: @	Size/Diameter.: 406 mm O.D.	Insulated: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
MDMT: -20 °F	RT: RT-3	PWHT: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Support Type: Skirt	Volume:	Manway: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
C.A.: 1.6000 mm	Coated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Clad: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N J.E.:				
Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
- Head	SA-516-70	7.900 mm	406.000 mm	OD	<input type="checkbox"/>	<input type="checkbox"/>
- Shell	SA-106-B	9.500 mm	406 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 #: TG68934	CRN:
Model #: 1992C1	Capacity: 349 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: - - -
Shell Side / Tube Side: Shell Side		Location of PSV: Shell
PSV -2 Tag #:	Serial #:	CRN:
Model #:	Capacity:	Set Pressure:
Manufacturer:		Service Company:
Inlet Size & Type: -		Last Service Date:
Outlet Size & Type: -		Block Valve: - - -
Shell Side / Tube Side:		Location of PSV:

PSV Comments

Could not read CRN number off of nameplate.

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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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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 propane suction scrubber and the findings are as follows:

- The vessel was operating at time of inspection. No process leaks or vibrations were noted. Due to the vessel being insulated a limited visual inspection was performed.
- The insulation on the shell and piping is intact and in good condition.
- Where exposed all piping, flanges and bolting were in good condition. Very isolated areas of paint flaking were observed with bare clean metal exposed.
- The vessel is supported by a skirt welded to the bottom head bolted to the floor and is secure and level.
- External UT was not performed as the vessel was fully insulated with no inspection ports available.
- The PSV is in good condition with the carseal intact.
- Refer to the attached photos and drawing for inspection findings.

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Page: 3 of 4
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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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Edmonton, Alberta
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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 Yes

Action Items / Recommendations:

- Have proper inspection ports cut at the located TML's so that UT thickness readings may be performed at next available opportunity.
- 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 # <u>374</u> Kilometers: _____	Consumables: _____	Inspector: <u>Pamela Maze</u> (Print) _____	PESL: <u>351</u>
In <u>00:00</u> Out <u>00:00</u> Hrs _____			
In <u>00:00</u> Out <u>00:00</u> Hrs _____			API: <u>28750/34396/2786</u>
Personnel: <u>KK/MB</u>			<u>7</u>
P.O.# / W.O.#/AFE #: _____		(Signature)	
		I am in full agreement with report contents:	
		Client Representative	_____

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A0142244_Nameplate_26Jan2010

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 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
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 Oklahoma City, OK (405) 495-6677
 Tulsa, OK (918) 446-8773



A0142244_Overview_26Jan2010

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