



# VESSEL INSPECTION SUMMARY

Report #: **123812-KK-09**  
Inspect Date: 04/21/2010  
Page: 1 of 9  
IRISNDT #: 123812

Client: CNRL District: St. Albert Field: Cherhill  
Facility: Cherhill Comp Unit / Skid #: N/A LSD: 15-08-057-05W5M  
Jurisdiction #: A0419464 Equip Tag #: 04-16 Sep Serial #: 97168B  
CRN #: L-0404.2 Nat'l Bd #: N/A Year Built: 1998  
Manufacturer: Kanbuilt Industries Inc Equipment Description: Separator  
Status: In Service - Date Removed From Service: \_\_\_\_\_ Service: Sweet  
MAWP Shell: 720 Psi @ 100 °F Height/Length: 10 Ft. Code Stamp: ☒ Y ☐ N  
MAWP Tube: \_\_\_\_\_ @ \_\_\_\_\_ Size/Diameter.: 36 in. O.D. Insulated: ☐ Y ☒ N  
MDMT: -20 °F RT: RT-2 Volume: \_\_\_\_\_ PWHT: ☐ Y ☒ N  
Support Type: Skirt Manway: ☐ Y ☒ N  
C.A.: 0.0625 in. Coated: ☐ Y ☒ N Clad: ☐ Y ☒ N J.E.: \_\_\_\_\_ Remote Access: ☐ - \_\_\_\_\_

Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
Top - Head	SA-516-70MT	0.875 in.	36.000 in.	OD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bottom - Head	SA-516-70MT	0.875 in.	36.000 in.	OD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Shell	SA-516-70MT	0.875 in.	36.000 in.	OD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>

## Comments:

Data plate is securely attached and easy to read.

## PSV Static Data

PSV -1 Tag #: P12357 Serial #: CE-44119-3-A10 CRN: OG2389.5C  
Model #: 26FA12-120 Capacity: 4701 Set Pressure: 720  
Manufacturer: Farris Service Company: Powell  
Inlet Size & Type: 1.50 in. - Flanged Last Service Date: 04-21-2010  
Outlet Size & Type: 2.00 in. - Flanged Block Valve: - -  
Carseal Intact: Yes Code Stamp: Yes  
Shell Side / Tube Side: Shell 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

PSV is recently serviced, rated and plumbed properly for this vessel.

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Client: CNRL LSD: 15-08-057-05W5M Jurisdiction #: A0419464

### 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	Loose attachment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
Foundation and Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Anchor Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good bolting	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good grounding	<input type="checkbox"/>	<input type="checkbox"/>	
Insulation Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not insulated	<input type="checkbox"/>	<input type="checkbox"/>	
PSV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Serviced during TAR	<input type="checkbox"/>	<input type="checkbox"/>	
Shell & Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Isolated Rough/flaking paint	<input type="checkbox"/>	<input type="checkbox"/>	
Metal Surfaces (Paint)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Isolated flaking/ chipping paint	<input type="checkbox"/>	<input type="checkbox"/>	
Aux Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good Alignment	<input type="checkbox"/>	<input type="checkbox"/>	
Flange Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Clean and Clear	<input type="checkbox"/>	<input type="checkbox"/>	
Piping from Vessel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Clean and clear	<input type="checkbox"/>	<input type="checkbox"/>	
Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	clear and clean, no leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No leaks noted	<input type="checkbox"/>	<input type="checkbox"/>	
Current UT Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Survey Performed	UT Company:		Matrix Inspection
Previous UT Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Unknown	UT Company:		Unknown

#### 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 -

The data plate is missing one rivet and plate is loose.

The inlet and outlet piping have surface corrosion @ the flange faces and on the piping.

The bottom liquid level valve packing ring has surface corrosion.

There is corrosion and flaking paint noted at the floor where the vessel base is bolted.

There are isolated rough surfaces, staining, thick/ rough paint, and chipping or flaking paint noted throughout.

The vessel is painted and is in fair visual condition with chipping and flaking paint noted throughout.

The vessel is grounded through the skid it is on, and wires are secure.

The vessels piping and external attachments are in good visual condition with no evidence of leakage.

The vessel is bolted securely to the building floor and appears to be properly leveled.

The level gauges and sight glasses attached to this vessel are clear and appear to be in good working condition.

The PSV attached to this vessel is plumbed correctly, recently serviced, and rated properly.

An Ultrasonic corrosion survey was performed at the time of inspection by Matrix Inspection using DMS2 serial number 01NOV4.

All thickness values recorded were considered acceptable at the time of the inspection.

See attached UltraMate UT file for complete thickness values.

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### Internal Inspection Results – VI

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Shell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Manway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Gasket Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Welds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Refractory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Heating Coils	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Demister Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Vane Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Trays	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Internal Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Tubesheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	
Tube Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Internal inspection performed	<input type="checkbox"/>	<input type="checkbox"/>	

#### 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.

### Internal Visual Observations

Manual Review Required By Customer Representative -

No Internal inspection performed at his time.

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# MATRIX INSPECTION

## VESSEL INSPECTION SUMMARY

Report #: **123812-KK-09**  
Inspect Date: 04/21/2010  
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Client: CNRL LSD: 15-08-057-05W5M Jurisdiction #: A0419464

Attached to Vessel Inspection Report # \_\_\_\_\_

Additional Attachments # of pages \_\_\_\_\_ Specify \_\_\_\_\_

NDE ☐ UT ☐ MT ☐ PT ☐ ET ☐ RT ☐ OTHER ☐ \_\_\_\_\_

NDE Report #: \_\_\_\_\_

Items Raised: NCR ☐ No Operational Action Item ☐ No Repair Action Item ☐ Yes Deferred Action Item ☐ Yes

### Action Items / Recommendations:

Insert a rivet where there is one missing to secure the data plate firmly in place.

Clean and repaint this vessel in the areas where paint is flaking.

Continue regular inspections to maintain vessel integrity and continued safe operation.

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

None required

Meets Code Criteria: - Yes

Re-Inspection Required - No

### Recommended Inspection Intervals:

VE Inspect.	Last Inspection:	Apr - 2010	Interval (yrs)	05	Next Inspection: Apr - 2015
VI Inspect.	Last Inspection:	-	Interval (yrs)		Next Inspection: - 0000
UT Inspect.	Last Inspection:	Apr - 2010	Interval (yrs)	05	Next Inspection: Apr - 2015
PSV Service	Last Inspection:	Apr - 2010	Interval (yrs)	05	Next Inspection: Apr - 2015

Unit # \_\_\_\_\_ Kilometers: \_\_\_\_\_

In 00:00 Out 00:00 Hrs \_\_\_\_\_

In 00:00 Out 00:00 Hrs \_\_\_\_\_

Personnel: \_\_\_\_\_

P.O.# / W.O.#/AFE #: 18203141-S646

Consumables:

Inspector:

Kris Katryniuk (Print) PESL: \_\_\_\_\_

(Sign) API: 510-35238

Client Representative:

I am in full agreement with report contents: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_

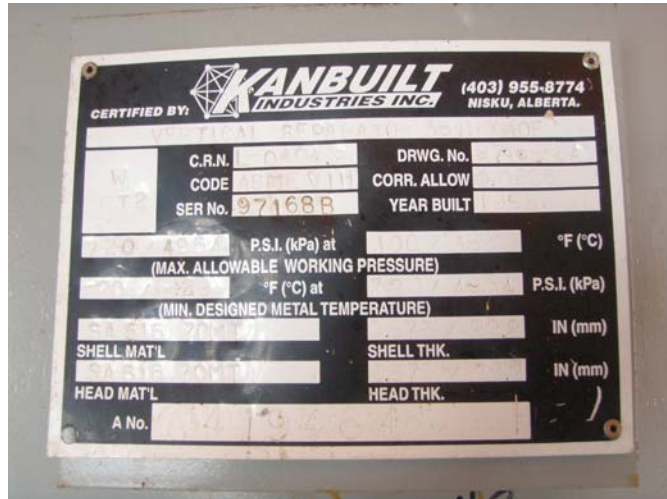
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### Equipment Photographs:



01-A0419464 Data Plate



02-A0419464 A





03-A0419464 B



04-A0419464 Loose Data Plate

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**05-A0419464 Vessel Surface Corrosion**



**06-A0419464 Base Corrosion**



**07-A0419464 Base Corrosion 2**



**08-A0419464 Inlet Flange Surface Corrosion**





**09-A0419464 Outlet Piping Surface Corrosion**



**10-A0419464 Liquid Level Valve Packing Corrosion**