

PRESSURE EQUIPMENT DATA REPORT

EQUIPMENT GENERAL INFORMATION

District:	Northeast BC		
Facility:	MAXHAMISH		
Location /LSD:	D-036-I/094-O-14	Operating Province:	British Columbia
Equipment Name:	REBOILER		
Equipment Status:	Operating	Orientation:	Horizontal
Skid No.:		Unit:	DV310

EQUIPMENT STATIC DATA

AB Registration No.:		Serial No.:	REB-01-0141-01-001-R	
Registration No./Other:		Equipment No.:	6763	
CRN NO.:		Unique ID No.:		
National Board No.:		Oncor ID No.:	39206	
Manufacturer:		Year Built:		
MAWP:	15.00 (psi)	103.42 (Kpa)	Temperature:	100.00 (F) 37.78 (C)
Diameter.:	34.000 (In)	863.600 (mm)	Length:	129.00 (In) 3276.60 (mm)
Radiography:	None		Heat Treatment:	No
Corrosion allowance:	(In)	0.000 (mm)	MDMT:	
Lining Or Coated:			Painted:	
Insulated:			Internally Clad:	
Hand Hole:			Support Type:	
Manway:	No		Manway Size(In):	
Capacity/Volume(m3):			Nozzle Rating:	

MATERIALS/COMPONENTS

Name	Joint Efficiency	Outside Diameter(in.)	Head Type	Material Type	Stress Value (PSI)	Nominal Thickness(In.)
SHELL 1	0.70	34.000		Unknown	15000	
HEAD 1	0.85	34.000	Flat	Unknown	15000	
SHELL 2	0.70			Unknown	15000	
HEAD 2	0.85		Flat	Unknown	15000	

PIPING STATIC DATA

Primary Flange Rating:		ASME B16.5 - Table 2-1.1 @ 150F:	(psi)
Pressure Use For TMin:	Max Flange	Piping Operating Press:	(psi)
Stress Value:	20000 (psi)	E Value:	1.00 Joint:

SERVICE CONDITIONS

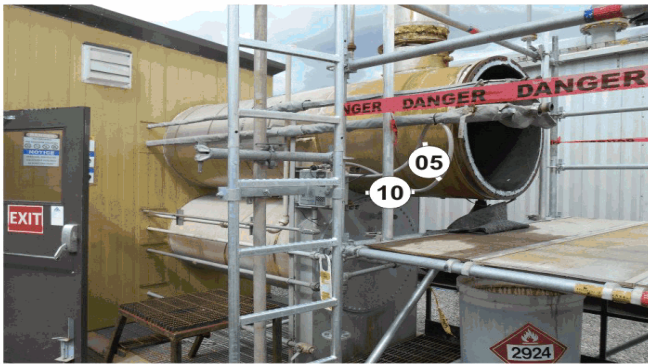
Sweet	Sour	Oil	Gas	Water
Amine	LPG	Condensate	Air	Glycol

COMMENTS

ENSIGN OPSCO
PIC: 004, 008, 009

EXAMINATION ILLUSTRATION

DISTRICT:	Northeast BC	FACILITY:	MAXHAMISH	LOCATION/LSD:	D-036-I/094-O-14
EQUIP NAME:	REBOILER	PROV REG No.:			
SERIAL No.:	REB-01-0141-01-001-R	Equip No.:	6763	National Board No.:	



OWNER: EOG	SERIAL # REB01014101001REV1	NOTES
EQUIPMENT NAME: GLYCOL REBOILER	NB#	
REGISTRATION #	OWNER ID	
EQUIPMENT # 6763		

ULTRASONIC CORROSION SURVEY REPORT

DISTRICT:	Northeast BC	FACILITY:	MAXHAMISH	LOCATION/LSD:	D-036-I/094-O-14
EQUIP NAME:	REBOILER			PROV REG No.:	
SERIAL No.:	REB-01-0141-01-001-R	Equip No.:	6763	National Board No.:	


SUMMARY

TYPE	LAST INSPECTIONS	INSPECTION INTERVAL (YEARS)	CORROSION RATE (IN/YR)		REMAINING LIFE (YEARS)	NEXT INSPECTION DATE
			SHORT TERM	LONG TERM		
VESSEL	Jun 12, 2013	4.0	0.0000	0.0000	198.0	Jun 12, 2017
PIPING						

VESSEL SURVEY READINGS

POINT NUMBER	TYPE	POINT DATA (INCH)			DATE	SURVEY READINGS			CALCULATIONS		
		NOM.	C.A.	NOM-CA		LOW	AVG	T Req (inch)	short term corr	long term	remaining life
05	SHELL 1	0.0000	0.0000	0.0000	Jun 12/13	0.361	0.365	0.024	0.0000	0.0000	198.0
10	SHELL 1	0.0000	0.0000	0.0000	Jun 12/13	0.362	0.365	0.024	0.0000	0.0000	198.0
15	SHELL 2	0.0000	0.0000	0.0000	Jun 12/13	0.358	0.360	0.000	0.0000	0.0000	198.0
20	SHELL 2	0.0000	0.0000	0.0000	Jun 12/13	0.355	0.360	0.000	0.0000	0.0000	198.0

INSPECTOR-EQUIPMENT DATA

Inspected By	Signature	CGSB Level	CGSB No.	Survey Dat	UT Equipment	Due Date OF Calibration	NDE Procedure #
Jamey Tanasichuk		1	11444	06/12/2013			WQS UT-001

VISUAL INSPECTION REPORT

District:	Northeast BC	Facility:	MAXHAMISH	Location/LSD:	D-036-I/094-O-14
Equipment Name:	REBOILER			Prov Reg No. :	
Serial No.:	REB-01-0141-01-001-R	Equip No.:	6763	National Board No.:	

EXTERNAL INSPECTION

INSPECTION DATE:	Feb 2, 2009	INSPECTION INTERVAL:	60	NEXT INSPECTION DATE:	Feb 2, 2014
ITEM	CONDITION	INSPECTION COMMENTS			
INSULATION	ACCEPT	IN GOOD CONDITION			
EXTERNAL CONDITION	ACCEPT	IN GOOD CONDITION			
LEAKAGE	ACCEPT	NO LEAKAGE FOUND			
SKIRT/SADDLE	ACCEPT	IN GOOD CONDITION			
ANCHOR BOLTS	ACCEPT	IN GOOD CONDITION			
CONCRETE FOUNDATION	N/A				
LADDER/PLATFORM	N/A				
NOZZLE	ACCEPT	IN GOOD CONDITION			
GAUGES	ACCEPT	IN GOOD CONDITION			
EXTERNAL PIPING	ACCEPT	IN GOOD CONDITION			
VALVING	ACCEPT	NO LEAKAGE FOUND			
PSV	REJECT	PSV SET AT 30 PSI, MAWP SHOWS 15 PSI			
NDE METHODS	ACCEPT	UT/VT 2009			
OTHER	N/A				

RECOMMENDATIONS:

RE-SERVICE PSV - SET NO HIGHER THAN 15PSI

I have performed the above inspections and certify that they have been done in accordance with our approved manual and that the information is accurate.

Inspector:	Nathan Bartley	ABSA PESL #:000426	Signature:		Date:	Feb 2, 2009
------------	----------------	--------------------	------------	--	-------	-------------

REPORT SIGN-OFF

Where required , the above reports has been reviewed and accepted as noted below:

WQS Supervisor Name:		
WQS Supervisor Title/Cert No.:		Cert No.:
WQS Supervisor Signature/Date:		Date:

Where required , the above reports has been reviewed and accepted as noted below:

Client Supervisor Name:		
Client Supervisor Title/Cert No.:		
Client/Supervisor Signature/Date:		Date:

VISUAL INSPECTION REPORT

District:	Northeast BC	Facility:	MAXHAMISH	Location/LSD:	D-036-I/094-O-14
Equipment Name:	REBOILER			Prov Reg No. :	
Serial No.:	REB-01-0141-01-001-R	Equip No.:	6763	National Board No.:	

EXTERNAL INSPECTION

INSPECTION DATE:	Jun 12, 2013	INSPECTION INTERVAL:	60	NEXT INSPECTION DATE:	Jun 12, 2018
ITEM	CONDITION	INSPECTION COMMENTS			
INSULATION	ACCEPT	GOOD CONDITION.			
EXTERNAL CONDITION	ACCEPT	GOOD CONDITION.			
LEAKAGE	N/A	NOT OPERATING/SHUTDOWN.			
SKIRT/SADDLE	ACCEPT				
ANCHOR BOLTS	ACCEPT	VESSEL SECURE.			
CONCRETE FOUNDATION	N/A				
LADDER/PLATFORM	ACCEPT	PLATFORM GOOD CONDITION.			
NOZZLE	ACCEPT	GOOD CONDITION.			
GAUGES	ACCEPT	GOOD CONDITION.			
EXTERNAL PIPING	ACCEPT	GOOD CONDITION.			
VALVING	N/A	NOT OPERATING/SHUTDOWN.			
PSV	N/A	ATMOSPHERIC.			
NDE METHODS	ACCEPT	UT/VT/MPI FIRETUBE.			
OTHER	ACCEPT	VESSEL OPENED UP AND CLEANED.			

RECOMMENDATIONS:


FIT FOR SERVICE.

I have performed the above inspections and certify that they have been done in accordance with our approved manual and that the information is accurate.

Inspector:	Jamey Tanasichuk	ABSA PESL #:000411	Signature:		Date:	Jun 12, 2013
-------------------	------------------	---------------------------	-------------------	--	--------------	--------------

REPORT SIGN-OFF

Where required , the above reports has been reviewed and accepted as noted below:

WQS Supervisor Name:	Eric Jensen		
WQS Supervisor Title/Cert No.:	Chief Inspector	Cert No.:	ABSA PESL #:000239
WQS Supervisor Signature/Date:		Date:	4-Jun-2014

Where required , the above reports has been reviewed and accepted as noted below:

Client Supervisor Name:			
Client Supervisor Title/Cert No.:			
Client/Supervisor Signature/Date:		Date:	