

CUSTOMER: OBSIDIAN ENERGY

PROJECT/JOB #: 0

AREA: VESSEL INSPECTIONS

DATE: 09-Aug-24

LOCATION: 07-23-79-16W5M

PO/CONTACT #: 0

DTR #: MC-0809-24-1

PAGE: 4 OF 7

Notes (If any):

Radiographer/Supervisor (Name) : MARK CLINE Signature : SNT/CGSB Level: 3 Reo# 15161 Assistant (Name) : 0

Client Representative (Name) : _____ Client Representative Signature: _____ Date : 09-Aug-24

VISUAL INSPECTION REPORT

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