|       |      | D 171             |      |      |  |
|-------|------|-------------------|------|------|--|
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## TANK INSPECTION REPORT

| Inspection Report  Notification Number 6056662  Notification Desc TANK, UNIVERSAL 160M3  Tasklist Operation 400 - 1000 bbl uncoated |                                                                 |              | Work Order<br>Maintenance Plan   |                           | Print Back Cancel 6058962 QNATANK10865 |                           |                    | Cancel                           |                |                  |                    |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|----------------------------------|---------------------------|----------------------------------------|---------------------------|--------------------|----------------------------------|----------------|------------------|--------------------|
| Equipment Stati                                                                                                                     | c Data                                                          |              |                                  |                           |                                        |                           |                    |                                  |                | CONTRACTOR STATE |                    |
| Equipment Number                                                                                                                    | 62038220                                                        |              |                                  |                           | ment                                   | TANK, UNIVERSAL 160M3     |                    |                                  |                | омз              |                    |
| Class                                                                                                                               | TANK                                                            |              |                                  | Description               |                                        | T-100                     |                    |                                  |                |                  |                    |
| Serial Number                                                                                                                       | 02-04-05-11712                                                  |              |                                  | Year Built                |                                        | 2002                      |                    |                                  |                |                  |                    |
| Manufacturer<br>Location                                                                                                            | UNIVERSAL<br>L7-05-009-00048 Lo                                 |              |                                  | Location Description      |                                        | 111/05-03-045-27W3/00 SWB |                    |                                  |                |                  |                    |
| Provincial Number                                                                                                                   |                                                                 |              |                                  | PM Activity               |                                        | Code                      |                    |                                  |                |                  |                    |
| Status Codes                                                                                                                        | NOPR ORA                                                        | S            |                                  | Equip                     | ment S                                 | tatus                     |                    |                                  | Utiliz         | zed              |                    |
| Design Max Temp                                                                                                                     | 149 C                                                           | FI De        | sign Min                         | Temr                      | 2                                      | -12 CEI                   | L De               | sian                             | Standa         | ard              | API 12F            |
| Firetube Exists                                                                                                                     | Y                                                               |              | iid Descr                        |                           |                                        | OIL                       |                    | Design Standard<br>Fluid Service |                |                  | SWEET              |
| Insulation Exists                                                                                                                   | Υ                                                               | Int          | ernal Co                         | ating                     | Exists                                 | N                         |                    |                                  |                | SINGLE           |                    |
| Secondary Containm                                                                                                                  | nent                                                            | Sk           | idded Fla                        | ag                        |                                        |                           | Tank Service Date  |                                  |                |                  |                    |
| Tank Type                                                                                                                           | SURF                                                            | ACE Vo       | lume                             |                           |                                        | 160.00                    | 0 M3               |                                  |                |                  |                    |
| PRD Static Data                                                                                                                     |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |
| Equip ID Location                                                                                                                   | Size<br>Inlet Outle                                             | Set<br>Press | Can                              | acity                     | Manuf                                  | acturer                   | urer Seria<br>Numb |                                  | Model<br>umber | Nex              | kt Service<br>Date |
|                                                                                                                                     |                                                                 | -            |                                  |                           |                                        |                           |                    | +                                |                | _                |                    |
|                                                                                                                                     |                                                                 | -            | -                                |                           |                                        |                           |                    | +                                |                |                  |                    |
| Process Data                                                                                                                        |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                | -                |                    |
| Product Description CRUDE OIL Fluid Service Sweet Sour PPM                                                                          |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |
| Operating Pressure                                                                                                                  | K                                                               | PA           | O                                | perat                     | ing Ten                                | nperatu                   | re                 |                                  |                |                  | °C                 |
| Pressure Test                                                                                                                       |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |
| Test Completed                                                                                                                      | Test Completed Oyes No Test Acceptable Oyes No Test Report #    |              |                                  |                           |                                        |                           | rt #               |                                  |                |                  |                    |
| PSV Data                                                                                                                            |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |
| Tag/Serial No.                                                                                                                      | /Serial No. Location $\frac{Size}{Inlet}$ Set Pressure Capacity |              | ity                              | Model / Type Service Date |                                        | Service<br>Date           |                    |                                  |                |                  |                    |
|                                                                                                                                     |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |
|                                                                                                                                     |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |
| Inspection Histo                                                                                                                    | ry                                                              |              |                                  |                           |                                        |                           |                    | -                                |                |                  |                    |
| Inspected By                                                                                                                        | LANA                                                            | BELL         | WHERE WE WANTED A HEAVY AND U.S. | Inspe                     | ection D                               | ate                       |                    | 2                                | 2006.08        | 3.11             |                    |
| Inspection Summangust 11, 2006 - tal condition.                                                                                     | -                                                               | ected ar     | nd found                         | to be                     | in over                                | all good                  |                    |                                  |                |                  |                    |
| Recommendations                                                                                                                     |                                                                 |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |
| Cleanoff sand from ta<br>Adjust bolting on flan<br>Reinspect again in 6 v<br>cc: Tyler Etson<br>Gary McKay                          | ank lip.<br>iged connect                                        | ions in      | vault.                           |                           |                                        |                           |                    |                                  |                |                  |                    |
| Repairs Complet                                                                                                                     | ed                                                              |              |                                  |                           |                                        |                           |                    |                                  |                |                  |                    |



| <b>Equipment Status</b>                                              |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------|------------------------------|-----------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Integrity Status Suitable for                                        | or Continued Service         | Immed                             | diate Repairs Required     | Replace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                      |                              | Future                            | Repairs Required           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Inventory Status In Service                                          | - Fully Utilized             | Idle                              | Surplus                    | Scrap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| QA Activities                                                        |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Leave As-Is                                                          | Weld Overlayed               |                                   | Part / Component           | Replaced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Equipment Replaced                                                   | Grind Dressed                |                                   | Patch Installed            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MAWP Derated                                                         | Coating - Cleaned<br>Patched | d &                               | Coating - Removed Replaced | 1 &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Defect Removed & Rewelded Epoxy Patched                              | Part Cleaned                 |                                   | Lapped & Dressed           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Noncompliances or Inspe                                              | ction Deficiencies           | Issued                            |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| External Visual Inspection                                           | 7                            |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Some shortbolting was noted on                                       | the flanged connections      |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (adjustment is required). Some so<br>ther external components of the |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| External NDE Examination                                             |                              | od Conditio                       |                            | AND DESIGNATION OF THE PARTY OF |
|                                                                      |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Internal Visual Inspection                                           |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Visual inspection of the tanks into concerns at time of inspection.  | ernal surfaces did not re    | eveal any                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Internal NDE Examination                                             |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Random locations of the tank's flo                                   | -                            | e UT thickn                       | esses                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| tested with some minor metal los                                     | s identified. See attach     |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| thicknesses found and approxima                                      | te locations of tests.       |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Data Integrity                                                       |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Inspection Interval                                                  |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Change SEIM/SAP to reflect a 6 y                                     | ear inspection interval.     |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Damages                                                              |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                      |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                      |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                      |                              |                                   |                            | ances a second transfer of the least of the last of th |
| Inspector Certification                                              |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I, the undersigned certify that assigned task list and that stat     |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| findings.                                                            |                              | 1                                 | 2                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Inspector Name LANA BELL                                             | Inspector<br>Signature       |                                   | ana Breel                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Inspection HUSKY ENERG                                               | GY LTD. Date                 | TO THE STREET VALUE OF THE PARTY. | aug 17/66                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lead Inspector's Acceptar                                            | nce & Schedule Co            | onfirmati                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lead Inspector                                                       | RAY TRACHILIK                | _Signature                        | Tay Machale Da             | te <u>26-08-2</u> (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Vessel Inspection                                                    | THE THE TOTAL                | Leav                              | e as-is / Change to:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Interval                                                             |                              | _                                 |                            | 712                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PSV Inspection Interval                                              |                              | _ Leav                            | e as-is / Change to:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                      |                              | Тор                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                      |                              |                                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

AREA: Maisden LOCATION: 5-3-45-27W3M

Manufacturer: Universal Year Coust: 2002

Shell Thickness: 4"

