

AM Inspection Ltd.

...Your Non-Destructive Testing Specialists

Toll free: 1-800-667-6747
Cabri Office: (306) 587-2620
Cabri Fax: (306) 587-2805
E-mail: am.inspection@sasktel.net
Web site: www.aminspection.ca

NO. CB 41806 1 1

DAILY COST ESTIMATE REPORT

FIELD ESTIMATE ONLY - INVOICE WILL FOLLOW

CLIENT Enerplus DATE June 16, 2014
LOCATION 12-26-21-20W3M AFE # 10" Burner Tube

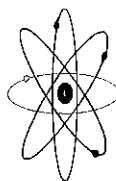
DAILY OR S.T. HOURS	<u>4</u>	@ \$	<u>165.00</u>	= \$	<u>660.00</u>
O.T. HOURS		@ \$		= \$	
EXPENSES		MEN @ \$		= \$	
MILEAGE		KM @ \$		= \$	
WELDS		< 6" @ \$		= \$	
WELDS		8" @ \$		= \$	
WELDS		10" @ \$		= \$	
WELDS		12" @ \$		= \$	
WELDS		" @ \$		= \$	
MPI TESTING	<u>1</u>	@ \$	<u>40.00</u>	= \$	<u>40.00</u>
THICKNESS TESTING		@ \$		= \$	
ULTRASONIC TESTING		@ \$		= \$	
HARDNESS TESTING		@ \$		= \$	
OTHER		@ \$		= \$	
				SUBTOTAL = \$	<u>700.00</u>
				GST = \$	<u>35.00</u>
				TOTAL = \$	<u>735.00</u>
Stamp				Client's Signature	
				Colin Bish	
				Technician's Signature	
				Level # 11921	

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COLIN BISH ASNT Level II
 CGSB 48-9712 Level II # 11921



Report No. CB 41806 1

Date: 16-Jun-14 Page 1 of 1

Client: Enerplus

Location: 12-26-21-20W3

Items Inspected: 10" Burner Tube (Treated)

Application Specifications: ASME Sec8 Div1

Type of Inspection: MP LPI UT

Method: Yoke Description Cont.

Equipment Used: SN#2446 Cal 05/15/14

Magnaflix WCP-2, 7H7

AFE: _____

Job or QC #: _____

Total	Regular	OT
4 hrs	4 hrs	hrs

1 man unit Ltn. Feet

2 man unit UT Spots

KW's _____ Circ. Welds

Sub. Reg

This report in no way constitutes any form of guarantee. Final film interpretation is the responsibility of the client. I am in full agreement with the above details and acknowledge receipt of this form.

Technician:

Client Rep.: _____

Weld ID	Size	Wall Thickness	REMARKS	ACC	REJ	TOP	BOTTOM
1	MT1	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2	MT2	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3	MT3	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4	MT4	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5	MT5	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6	MT6	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7	MT7	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8	MT8	10"		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9	MT9		Bracket	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10				<input type="checkbox"/>	<input type="checkbox"/>		
11				<input type="checkbox"/>	<input type="checkbox"/>		
12				<input type="checkbox"/>	<input type="checkbox"/>		
13				<input type="checkbox"/>	<input type="checkbox"/>		
14				<input type="checkbox"/>	<input type="checkbox"/>		
15				<input type="checkbox"/>	<input type="checkbox"/>		
16				<input type="checkbox"/>	<input type="checkbox"/>		

C O M M E N T S