

<b>TEST SPECIFICATIONS</b>						Date:		Select Routing:																									
<b>Saddle Butte Rockies Midstream, LLC - Hydrostatic Pressure Test</b>						17-Oct-2016																											
G Leg Phase 1						Test Number: 1		of 1																									
Project Name: Platte River Bore				Project I.D. / AFE Number 15C024A		Facility Name or Number Rangeview Gathering System																											
Installation Location (M.P. or S.S.):		State:	County/Parish:	Class Location Designation	1	Selected Design Pressure	1480	Planned MAOP	1400																								
0+00 to 318+87		CO	Weld																														
<b>Project Description:</b>																																	
Hydrostatic pressure test of the 8" G Leg Phase 1 pipeline.																																	
Testing at 1.25*MAOP = 1850 psig minimum test pressure. <b>2155 psig Target Test Pressure at Chart Location</b>																																	
Max Test Pressure for ANSI 600 Valves and Fittings is 2545 psig where they are located.																																	
Test shall be compliant with all test specifications in Exhibit D "Pipeline Construction Specifications" and all other Construction Documents.																																	
LEAK ONLY TEST <input type="checkbox"/> STRENGTH TEST <input checked="" type="checkbox"/> FABRICATION <input type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> REPLACEMENT <input type="checkbox"/> RETEST <input type="checkbox"/> REFERENCE DRAWINGS ATTACHED <input type="checkbox"/>																																	
POST-INSTALLATION TEST <input checked="" type="checkbox"/> PRE-INSTALLATION TEST <input type="checkbox"/>																																	
<b>Test Design Criteria</b>					<b>Test Section - Reference Data</b>																												
<b>Minimum Component Characteristics</b>			<b>Test Pressure Calculations</b>																														
<b>Pipe Information</b>			<input type="checkbox"/> Input minimum and maximum pressure of test <input type="checkbox"/> Input minimum and maximum %SMYS of test			<b>Test Medium</b> Water <b>Test Duration</b> 8 Hours (min) <b>Section Length</b> 31,887 Ft. <b>Section Fill Volume</b> 96,775 Gal <b>Max. Elevation Change</b> 304 Ft.																											
Valve/Flange ANSI Class Rating 600# Valves/Fittings			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Pressure (psig)</th> <th>% PIPE SMYS</th> </tr> </thead> <tbody> <tr> <td>Max. Test Pressure (Pipe)</td> <td>2470</td> <td>93.5%</td> </tr> <tr> <td>Max. Test Pressure (Valves and Fittings)</td> <td>2545</td> <td>96.4%</td> </tr> <tr> <td>Min.</td> <td>1850</td> <td>70.1%</td> </tr> </tbody> </table>				Pressure (psig)	% PIPE SMYS	Max. Test Pressure (Pipe)	2470	93.5%	Max. Test Pressure (Valves and Fittings)	2545	96.4%	Min.	1850	70.1%	<b>Station Equations:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Back</td> <td>0+00</td> <td>0+00</td> <td>0+00</td> </tr> <tr> <td>Ahead</td> <td>0+00</td> <td>0+00</td> <td>0+00</td> </tr> </tbody> </table>					1	2	3	Back	0+00	0+00	0+00	Ahead	0+00	0+00	0+00
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<b>Test Pressures</b>																																	
Location	Station	Elevation (feet)	Max. psig.	% SMYS @ Max.	Min. psig.	% SMYS @ Min.	Variance psig.	Target psig.	% SMYS @Target																								
BEGIN -	0+00	4852	2,400	90.9%	1,911	72.4%	488	2,155	81.6%																								
HIGH ELEVATION	318+87	4994	2,338	88.6%	1,850	70.1%	488	2,094	79.3%																								
LOW ELEVATION	168+25	4690	2,470	93.5%	1,982	75.0%	488	2,225	84.3%																								
END	318+87	4994	2,338	88.6%	1,850	70.1%	488	2,094	79.3%																								
<b>Chart Location (Test Point)</b>	<b>0+00</b>	<b>4852</b>	<b>2,400</b>	<b>90.9%</b>	<b>1,911</b>	<b>72.4%</b>	<b>488</b>	<b>2,155</b>	<b>81.6%</b>																								
<b>REMARKS:</b>																																	
ASME B16.5 2.6 System Hydrostatic Testing 2003: Flanged joints and flanged fittings may be subjected to system hydrostatic tests at a pressure of 1.5 times the 38°C (100°F) rating rounded off to the next higher 1 bar (25 psi) increment. Testing at any higher pressure is the responsibility of the user, taking into account the requirements of the applicable code or regulation.																																	
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<b>PRE-TEST SPECIFIED / REVIEWED BY:</b>			<b>TEST PERFORMED / ACCEPTED BY:</b>			<b>POST-TEST REVIEWED BY:</b>																											
Originator (Signature)	Date:	Test Performed by (Signature): <i>Veronica Key</i>			Date:	Compliance (signature)			Date:																								
Designed Reviewed if applicable (Signature)	Date:	Company Name (for Contractor or for Employee): <i>North Winds of Wyoming</i>			Date:	Engineering or Operations (Signature)			Date:																								
Compliance (Signature)	Date:	Witnessed & Accepted by Company Representative: (Signature) <i>Charles Walker</i>			Date:	Actual MAOP																											



April 2006

MOP Establishment and Pressure Testing of Pipelines  
TG1601.190

PAGE 1 OF 9

LIQUID PIPELINE  
PRESSURE TEST  
REPORT

Pressure Test Number 1

MOP of tested facility is 1400 PSIG

Company: Saddle Butte Operations Area: \_\_\_\_\_

Project: Rangerview Gathering System AFE: 15C024A

Pipeline: \_\_\_\_\_

Section: G Leg Phase 1

Station or Milepost From: 0+00 To: 318+87



## INSTRUCTIONS

In this worksheet, cells containing formulas are protected against input.  
Cells with **BLUE** text labels allow or require input.

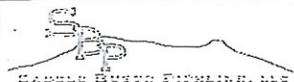
<i>General Information</i>	<ul style="list-style-type: none"> <li>Complete this Report and attached necessary exhibits for all SBP installed pipelines or pipeline segments or those re-qualified for service.</li> <li>Fill in all applicable information. If information is not applicable, write NA in the corresponding space on the Report.</li> </ul>
<i>Pipe Data</i>	<ul style="list-style-type: none"> <li>Record the details for each pipe section tested, including lengths, line fill, pipe fittings, etc.</li> <li>Add together pipe section lengths and line fill for a total pipe section length and line fill.</li> </ul>
<i>Test Water Data</i>	<ul style="list-style-type: none"> <li>Enter water source information (i.e., from municipal supply, well, river, lake, pond) in the Test Log or notes section of the Report.</li> <li>Source water temperature compared to ground temperature can assist with understanding the time for the water to stabilize.</li> </ul>
<i>Pressure Calculations</i>	<ul style="list-style-type: none"> <li>Elevation of high and low points and the elevation of the test pressure measure sites is required for calculation of the target test pressures.</li> </ul>
<i>Test Log</i>	<ul style="list-style-type: none"> <li>Fill out the Test Log at the time of the test. This is the actual log of the test.</li> <li>From the start of filling the test section, record pressure readings from the calibrated test gauge or deadweight tester used in the test.</li> <li>Record the test pressure and temperatures at intervals of 30 minutes to an hour and as necessary to represent the test pressure during the test period.</li> <li>The below ground pipe temperature sensor should be placed away from exposed pipe and far enough from the water injection point so that water injected will not affect the readings.</li> <li>In the Remarks column, enter start of test, end of test, and any remarks concerning unusual events, such as liquid added or withdrawn, weather conditions, etc.</li> </ul>
<i>Notes</i>	<ul style="list-style-type: none"> <li>Enter all pertinent comments about the test, including such things as weather conditions, radical weather changes, equipment malfunctions, or any other noteworthy event that may affect testing.</li> </ul>
<i>Profile</i>	<ul style="list-style-type: none"> <li>An elevation profile is required for any test section where the elevation varies more than 100 feet. The following items should be noted on the profile:               <ul style="list-style-type: none"> <li>Location and elevation where test pressure measurements are taken</li> <li>High and low points</li> <li>Stationing or mileposts</li> <li>Horizontal and vertical scale of the drawing</li> </ul> </li> <li>Elevation data is available in electronic format from the KPL mapping system.</li> <li>If electronic elevation data is not available, take profile elevations from survey information or from U.S. Geological Service 7 1/2 minute topographical maps.</li> </ul>
<i>Failure Log</i>	<ul style="list-style-type: none"> <li>Record each failure event that causes the line to be taken "off test".</li> <li>Enter the date, time, and pressure at the time of failure.</li> <li>List the apparent cause of the failure if the actual cause cannot be determined. Pipe seam failure or leaking flange, for example, could be entered as the cause of test failure.</li> <li>Describe the repair method (i.e., changed-out pipe or tightened flange).</li> </ul>
<i>Supplementary Documentation</i>	<ul style="list-style-type: none"> <li>Check each supplementary documentation attached as part of this test record (i.e., test charts and/or equipment certifications).</li> <li>Write the corresponding Exhibit Number on the attached supplementary documentation.</li> </ul>
<i>Certification</i>	<ul style="list-style-type: none"> <li>Signatures of the Company and Contractor representatives in charge of the test are MANDATORY.</li> </ul>





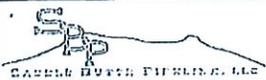
TEST LOG (CONTINUED)

DATE	TIME	PRESSURE	AMBIENT TEMP	BELOW GROUND TEMP	ABOVE GROUND TEMP	REMARKS
11/10/16	2:45A	2216	34	56	42	Dork Clear Skys
	3:00	2216	33	56	42	
	3:15	2216	33	56	42	no wind
	3:30	2215	33	56	42	
	3:45	2215	32	56	42	
	4:00	2215	32	56	42	
	4:15	2215	31	56	42	
	4:30	2215	31	56	42	
	4:45	2214	21	56	42	
	5:00	2214	30	56	41	
	5:15	2214	30	56	39	
	5:30	2214	30	56	39	
	5:45	2214	30	56	39	
	6:00	2214	29	56	39	Day light
	6:15	2213	29	56	39	
	6:30	2213	29	56	41	Clear Sky No wind
	6:45	2213	31	56	42	
	7:00	2213	33	56	45	
	7:15	2213	34	56	48	
	7:30	2213	35	56	51	
	7:45	2213	37	56	55	
	8:00	2213	39	56	58	
	8:15	2213	41	56	58	
	8:30	2213	43	56	58	
	8:45	2213	46	56	58	Bleed chart to 0 TO Begin Test
	8:55	0	49	56	58	replace chart
	9:00	0	50			
	9:05	0	51			Build back TO 2213
	9:08	2212	52			Clear Sunny warming up Quick
*	9:15	2212	52	56	62	*Begin Test*
	9:30	2212	54	56	65	
	9:45	2212	55	56	66	Light haze / wind picking up
	10:00	2213	58	56	68	
	10:15	2213	61	56	70	WINDY
	10:30	2213	65	56	72	
	10:45	2213	66	56	72	
	11:00	2213	67	56	73	
	11:15	2213	68	56	74	sunny Windy
	11:30	3214	68	56	75	
	11:45	2214	68	56	76	
	12:00	2214	69	56	77	
	12:15	2214	69	57	77	
	12:30	2214	70	57	78	
	12:45	2214	70	57	78	
	1:00	2214	70	57	78	
	1:15	2214	70	57	78	
	1:30	2215	70	57	79	
	1:45	2215	70	57	79	Sunny Windy
	2:00	2215	70	57	79	
	2:15	2215	70	57	79	



TEST LOG (CONTINUED)

DATE	TIME	PRESSURE	AIRSIDE TEMP	BELOW GROUND TEMP	Above GROUND TEMP	REMARKS
11-16-16	2:26 PM	2215	70	57	79	Sunny warm windy
	2:45	2215	69	57	80	
	3:00	2215	68	57	81	Turned on flameless heaters at
	3:15	2215	68	57	84	Chart location
	3:30	2215	66	57	88	Moved heat source away from Temp
	3:45	2215	66	57	82	Still Sunny but cooling off Probe
	4:00	2215	66	57	83	
	4:15	2215	65	57	82	
	4:30	2215	64	56	80	Sun is gone behind mountains
	4:45	2215	63	56	80	Sunset
	5:00	2215	61	56	79	
*	5:15	2215	60	56	79	*END TEST Turned off Heater
	5:30	2215	59	56	78	
	5:45	2215	57	56	77	Bleed off to 2000
	5:50	2002	56	56	74	
	6:05	2000	55	56	72	Bleed off to 1500
	6:10	1503	55	56	68	
	6:25	1501	54	56	68	Bleed off to 1000
	6:38	998	54	56	68	
	6:45	999	52	56	64	Bleed off to 500
	6:49	498	52	56	63	
	7:05	500	52	56	62	Bleed off to 0
	7:10	0	52	56	60	
	7:25	0	50	56	60	



TEST EQUIPMENT

PRESSURE RECORDER 1:

Mfg. Barton  
Model \_\_\_\_\_  
Serial No. 242-119950  
Range 0-3000 PSI  
0-150° F  
Notes: Cal on

PRESSURE RECORDER 2:

Mfg. \_\_\_\_\_  
Model \_\_\_\_\_  
Serial No. \_\_\_\_\_  
Range \_\_\_\_\_  
Notes: \_\_\_\_\_

DEADWEIGHT TESTER OR CALIBRATED TEST GAUGE:

Mfg. Crystal  
Model XP 2i  
Serial No. 364359 CR-2  
Date of last Calibration 11-2-14  
Calibrated by PMC  
Range 0-5000 PSI  
Notes: \_\_\_\_\_

TEMPERATURE RECORDER:

Mfg. Barton  
Model \_\_\_\_\_  
Serial No. 242-122850  
Range 0-150 F  
Notes: Cal 10-22-14

CALIBRATION OF TEMPERATURE RECORDER

Temperature recorder reading	Test mercury thermometer reading	Remarks

CALIBRATION OF PRESSURE RECORDER 1

Pressure recorder reading	Deadweight tester reading	Remarks

CALIBRATION OF PRESSURE RECORDER 2

Pressure recorder reading	Deadweight tester reading	Remarks

NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# EQUIPMENT CALCULATED MOP SUMMARY WORKSHEET

**1. Test Information:** Date 11-9-16 Time 4:00 PM  
Target MOP 1480 Test Point Location 0+00 Test Duration 8 hrs  
Enter the desired MOP, if less than pipe internal design pressure. Test Medium Water Specific Gravity of Test Medium \_\_\_\_\_  
Min. Test Press. at test site 125% of min. MOP + elev. \_\_\_\_\_ 110%  
Maximum allowable % of SMYS = 100%

**2. Pipe Specifications:** Pipe (#1) O.D. 8.625 MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade X52 SMYS 52,000 Seam Joint Factor \_\_\_\_\_  
Wall thickness .219 Design Factor (F) \_\_\_\_\_  
Length (ft.): 31,487 Volume \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**3. Pipe Specifications:** Pipe (#2) O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Length (ft.): \_\_\_\_\_ Volume \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**4. Pipe Specifications:** Pipe (#3) O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Length (ft.): \_\_\_\_\_ Volume \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**5. Pipe Specifications:** Pipe (#4) O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Length (ft.): \_\_\_\_\_ Volume \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**6. Pipe Specifications:** Pipe (#5) O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Length (ft.): \_\_\_\_\_ Volume \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**7. Pipe Specifications:** Pipe (#6) O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Length (ft.): \_\_\_\_\_ Volume \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**8. Pipe Fittings Specifications:** Pipe Fitting O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Fitting Description \_\_\_\_\_ Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**9. Pipe Fittings Specifications:** Pipe Fitting O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Fitting Description \_\_\_\_\_ Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_

**10. Pipe Fittings Specifications:** Pipe Fitting O.D. \_\_\_\_\_ MOP \_\_\_\_\_  
Manufacture Type \_\_\_\_\_ Grade \_\_\_\_\_ SMYS \_\_\_\_\_ Seam Joint Factor \_\_\_\_\_  
Fitting Description \_\_\_\_\_ Wall thickness \_\_\_\_\_ Design Factor (F) \_\_\_\_\_  
Max allowable test pressure, psig \_\_\_\_\_





# FAILURE LOG

**FAILURE:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Failure Pressure: \_\_\_\_\_

Apparent Cause: \_\_\_\_\_  
\_\_\_\_\_

**REPAIR:**

Describe Repair Method: \_\_\_\_\_  
\_\_\_\_\_

**FAILURE:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Failure Pressure: \_\_\_\_\_

Apparent Cause: \_\_\_\_\_  
\_\_\_\_\_

**REPAIR:**

Describe Repair Method: \_\_\_\_\_  
\_\_\_\_\_

**FAILURE:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Failure Pressure: \_\_\_\_\_

Apparent Cause: \_\_\_\_\_  
\_\_\_\_\_

**REPAIR:**

Describe Repair Method: \_\_\_\_\_  
\_\_\_\_\_

**FAILURE:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Failure Pressure: \_\_\_\_\_

Apparent Cause: \_\_\_\_\_  
\_\_\_\_\_

**REPAIR:**

Describe Repair Method: \_\_\_\_\_  
\_\_\_\_\_

**FAILURE:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Failure Pressure: \_\_\_\_\_

Apparent Cause: \_\_\_\_\_  
\_\_\_\_\_

**REPAIR:**

Describe Repair Method: \_\_\_\_\_  
\_\_\_\_\_



SUPPLEMENTARY DOCUMENTATION

The following marked exhibits are attached as a part of this Test Report:

- EXHIBIT NO. 1  Sketch of Tested Piping (including how section is isolated), with material list
- EXHIBIT NO. 2  Profile of pipeline section and/or segment
- EXHIBIT NO. 3  Pressure Chart, with pressure test number, date, test section name, Inspector name and signature
- EXHIBIT NO. 4  Temperature Chart, with pressure test number, date, test section name, Inspector name and signature
- EXHIBIT NO. 5  Pressure Recorder Certification Papers
- EXHIBIT NO. 6  Temperature Recorder Certification Papers
- EXHIBIT NO. 7  Deadweight or Calibrated Test Gauge Certification Papers
- EXHIBIT NO. 8  Field test data log, if hand written
- EXHIBIT NO. 9  Pressure Test Procedure, if applicable, with MOP Area Representative and Engineer signature approval

CERTIFICATION

I certify this pipeline or pipeline section has been tested and successfully met the terms of SBP MOP Establishment and Pressure Testing of Pipelines Technical Guideline and, where applicable, the contract document between SBP and its prime contractor.

MOP Area Representative

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print) (Signature)

Engineer

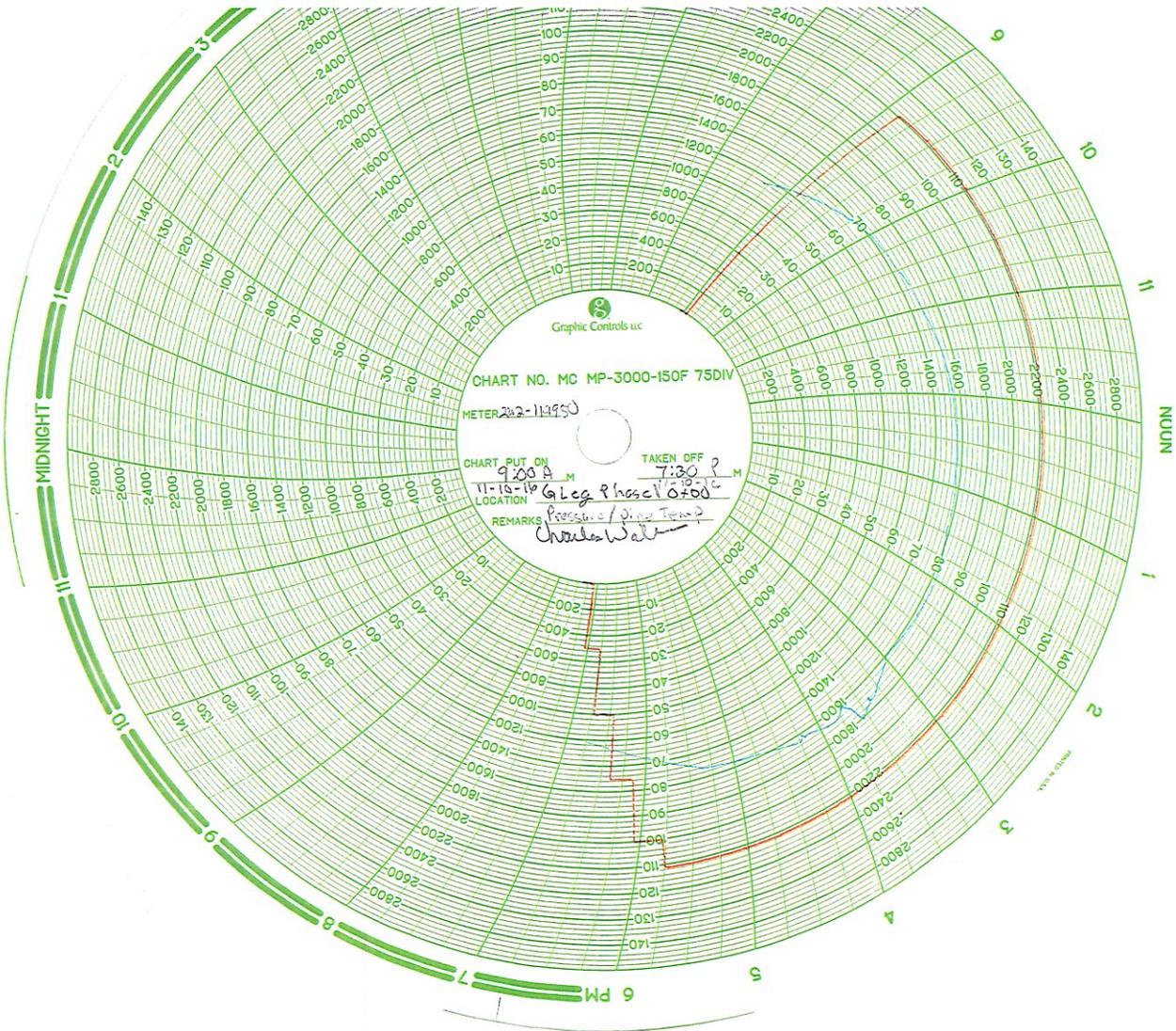
By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print) (Signature)

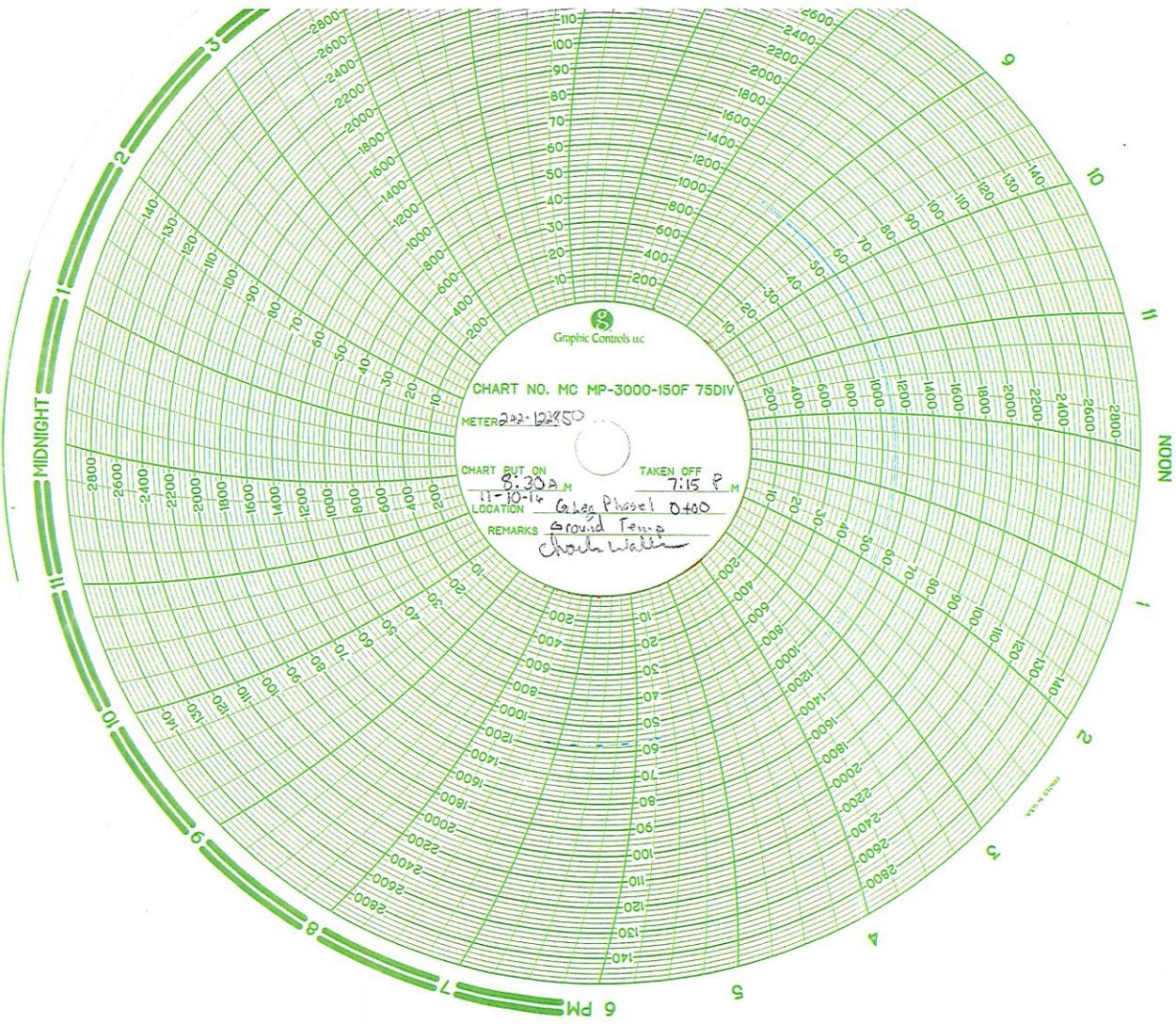
Inspector

By: Charles Wallace Charles Wallace Date: 11-10-16  
(Please print) (Signature)

Name of Testing Contractor

North winds of Wyoming  
By: Dwayne Kerr Dwayne Kerr Date: 11/10-16  
(Please print) (Signature)







# P-SS-SS-COMPANIES



9700 E. 104<sup>TH</sup> AVE, UNIT F- HENDERSON, CO 80640 - Phone (303)857-7986 - Fax (303)389-4945

## CALIBRATION CERTIFICATE

CERTIFICATE NUMBER: CO

Details +/-: 1.0% ACCURACY

**DATE CALIBRATED:** 10/18/2016  
**DUE DATE:** 10/18/2017

**INDICATED TEMPERATURE RANGE:** # 0 – 150°F  
**INDICATED PRESSURE RANGE:** #0 – 3000 PSI  
**SERIAL NO:** 242-119950 / **ID:** 004060  
**MANUFACTURER:** BARTON/ 12" RECORDER

**TYPE OF INSTRUMENT CALIBRATED:** TEMPERATURE / PRESSURE RECORDER

**INSTRUMENT FINDINGS/STATUS:** UNIT IS IN TOLERANCE/ INSTRUMENT MEETS OR EXCEEDS SPECIFICATIONS.

**BASED ON INTERNATIONAL STANDARDS OF GRAVITY:** (980.665 cm./sq.).

**TYPE OF STANDARD USED TO CALIBRATE:** REFINERY DEADWEIGHT TEST UNIT SPT. (35225-3) SERIAL No. 5268; KESSLER TEST THERMOMETERS; SERIAL NO, CALIBRATION DATE: SEPTEMBER 14, 2015

**ALL STANDARD DIRECTLY TRACEABLE TO NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGIES TEST NO:** (N.I.S.T.) 2.6/172490 & 6.6/139577.

**CALCULATED USING MASS VALUES, AREA, AO, AND STATED GRAVITY.**  
**ROOM TEMPERATURE/HUMIDITY (AT TIME OF TEST):** 66°F / 25%.

CALIBRATED BY: NICK BEDFORD

Ground Temp

# PSS-COMPANIES



9700 E. 104<sup>TH</sup> AVE, UNIT F- HENDERSON, CO 80640 - Phone (303)857-7986 - Fax (303)389-4945

## CALIBRATION CERTIFICATE

CERTIFICATE NUMBER: CO

Details +/-: 1.0% ACCURACY

**DATE CALIBRATED:** 10/22/2016

**DUE DATE:** 10/22/2017

**INDICATED TEMPERATURE RANGE:** # 0 – 150°F

**INDICATED PRESSURE RANGE:** #0 – 3000 PSI

**SERIAL NO:** 242-122850 / **ID:** 006893

**MANUFACTURER:** BARTON/ 12" RECORDER

**TYPE OF INSTRUMENT CALIBRATED:** TEMPERATURE / PRESSURE RECORDER

**INSTRUMENT FINDINGS/STATUS:** UNIT IS IN TOLERANCE/ INSTRUMENT MEETS OR EXCEEDS SPECIFICATIONS.

**BASED ON INTERNATIONAL STANDARDS OF GRAVITY:** (980.665 cm./sq.).

**TYPE OF STANDARD USED TO CALIBRATE:** REFINERY DEADWEIGHT TEST UNIT SPT. (35225-3) SERIAL No. 5268; KESSLER TEST THERMOMETERS; SERIAL NO, CALIBRATION DATE: SEPTEMBER 14, 2015

**ALL STANDARD DIRECTLY TRACEABLE TO NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGIES TEST NO:** (N.I.S.T.) 2.6/172490 & 6.6/139577.

**CALCULATED USING MASS VALUES, AREA, AO, AND STATED GRAVITY.**  
**ROOM TEMPERATURE/HUMIDITY (AT TIME OF TEST):** 66°F / 25%.

CALIBRATED BY: NICK BEDFORD

A handwritten signature in red ink, appearing to read 'Nick Bedford', written over a horizontal line.

crystal

# Non-Conformance Report



**PROCESS MEASUREMENT COMPANY**

2475 W. 2ND AVE 34A DENVER, CO , 80223

303-937-7226 Fax: 303-936-2731

[www.pmc-calibration.com](http://www.pmc-calibration.com)

**Calibration Performed By:**

PMC-DENVER  
2475 W. 2ND AVE 34A  
DENVER, CO , 80223

**For:**

PIPELINE SUPPLY AND SERVICE  
9700 E 104TH AVE

**I.D.:** CR-2

**Description:** PRESSURE GAGE

**Manufacturer:** CRYSTAL

**Gage Type:**

**Temp./RH:** 71.9 F / 21.8

**Cal. Interval:** 12 MONTHS

**Serial Number:** 364359

**Model Number:** XP2I

**Performed By:** MATTHEW KNOWLES

**Cal. Due Date:** 11/2/2017

**Calibration Result:** ADJ.

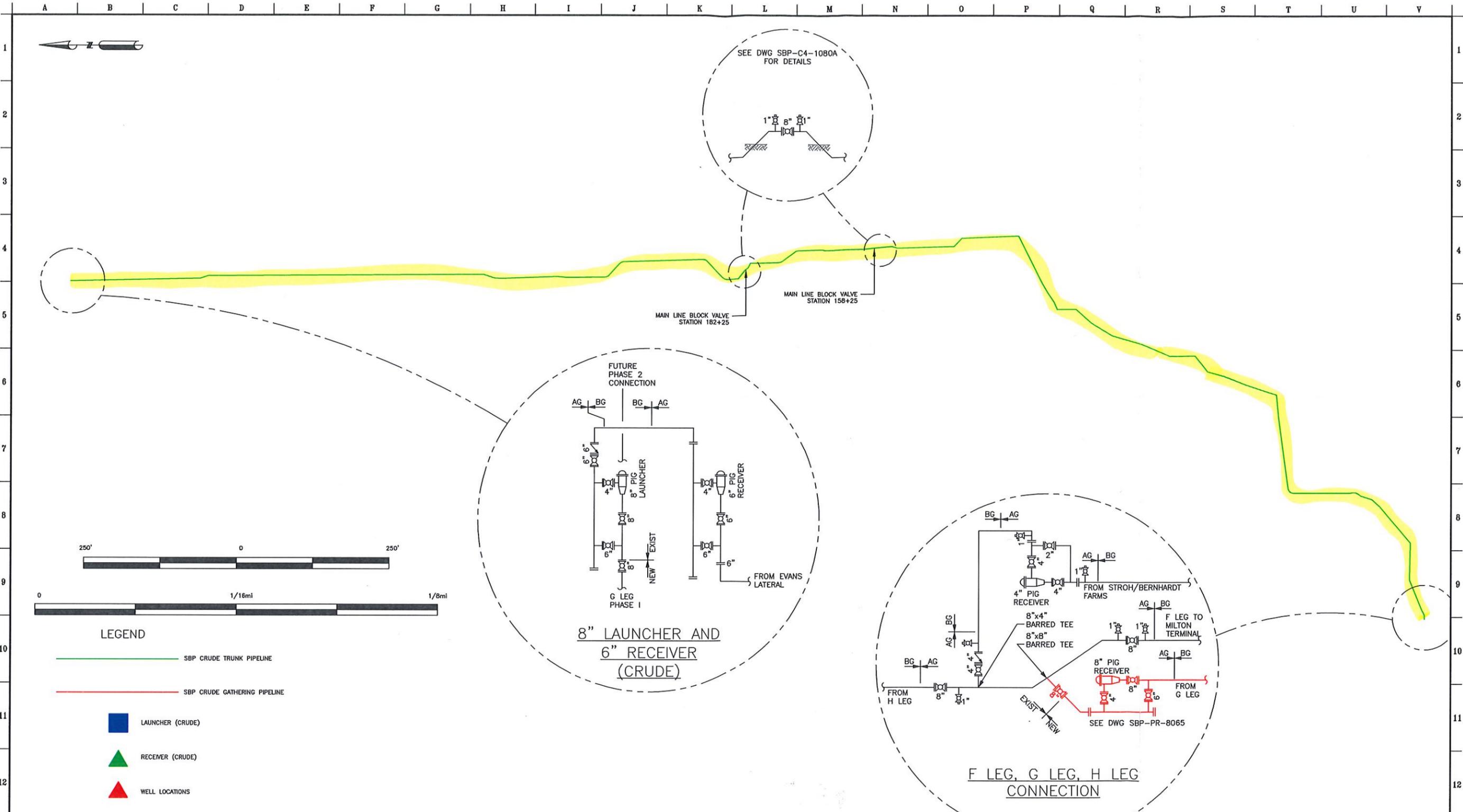
**Cal Date:** 11/2/2016

**Equipment Used To Calibrate Equipment:**

Company	I.D.	Description	Last Cal.	Cal. Due Date
02-PMC DENVER	PMCD-064	TEMP/ HUMIDITY METER	5/16/2016	5/16/2017
03-PMC OMAHA	PMCO-134	DEAD WEIGHT TEST SET 0-2C	5/3/2016	5/3/2017

**Procedures Used In Event:**

Company	Procedure Name	Description	Revision Level	Revision Date
PROCESS MEASUREI	SCP05-022	PRESSURE AND VACUUM GAUGES	0	2/9/2015



**NOTE:**  
 1. FLOW SCHEMATIC IS FOR GRAPHICAL REPRESENTATION ONLY.  
 2. ALL GAS, WATER, AND UTILITY LINES SHOULD BE LOCATED PRIOR TO ANY EXCAVATING, TRENCHING OR DIGGING ANYWHERE ON OR NEAR THIS SITE.

REFERENCE DRAWINGS	
NO.	TITLE

REVISIONS			
NO.	FIRM	DATE	DESCRIPTION
0	SESI	06/08/16	ISSUED FOR CONSTRUCTION
1	SESI	09/28/16	RE-ISSUED FOR CONSTRUCTION

ENGINEERING RECORD			
BY	CHK.	APP.	DATE

**SADDLE BUTTE**  
PIPELINE

FLOW SCHEMATIC  
G LEG PHASE I

PROJ. ENGR:	PLOT SCALE	DWG. NO.	REV
SCALE: AS NOTED	CAD NO. G_LEG_PHASE I	G_LEG_PHASE I	1

Summit Engineering Services, Inc.  
 44 Inverness Dr. E., Ste. E100  
 Englewood, CO 80112  
 303.768.9191 Office  
 303.768.9292 Fax