

Blowdown and Leak Repair Report

<input checked="" type="checkbox"/> Blow-Down Report	<input checked="" type="checkbox"/> Leak Repair Report	<input type="checkbox"/> Bell Hole Report	<input type="checkbox"/> Relief Valve Loss Report	<input type="checkbox"/> Flare Report
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Co.No.	Region No.	Area No.	County	LEA	Report Date	5/17/2019
Line Name	Line 1009		Line No.	1009	Line Size	12
Mile Post / GPS	32.43264/-103.61994					

BLow-DowN REPORT

Date of Blow-Down	Notified	Pressure Bled Down To (psig):	0		
5/17/2019	TCEQ	<input type="checkbox"/> YES If "yes," person notified	Date of notification	Time of notification	
Volume lost(mcf)		<input type="checkbox"/> NO			
SCF: 777160.386	Regional Office notified	<input type="checkbox"/> YES If "yes," person notified	Date of notification	Time of notification	
MCF: 777.1604		<input type="checkbox"/> NO			
Reason for Blow-Down:					

Temperature °F	PRESSURE	Length in Miles (Statute Miles)	Diameter of Pipe (Pipe ID)
Operating 60	Operating (psig) 419	5.3	12
Ambient 70	Atmospheric (psia) 14.7		

FLARE REPORT

Start Date and Time	End Date/Time
Start Flare PSIG	End Flare PSIG

LEAK REPAIR REPORT

Cause of Leak:	<input checked="" type="radio"/> Internal Corrosion <input type="radio"/> External Corrosion <input type="radio"/> Damage by Outside Forces <input type="radio"/> Construction Defect <input type="radio"/> None	<input type="checkbox"/> Repair Clamp Failure <input type="checkbox"/> Material Failure <input type="checkbox"/> Other _____
Reported By:	<input type="checkbox"/> Aerial Patrol /Date _____ <input type="checkbox"/> Mobile Leak Survey/Date _____ Leak No. _____	<input checked="" type="checkbox"/> Field Operating Personnel <input type="checkbox"/> Outside Party (Name) _____
Origin of Leak:	<input checked="" type="checkbox"/> Body of Pipe <input type="checkbox"/> Compressor <input type="checkbox"/> Valve	<input type="checkbox"/> Fitting <input type="checkbox"/> Repair Clamp <input type="checkbox"/> Other _____
Type of Repair:	<input type="checkbox"/> Clamp <input checked="" type="checkbox"/> Sleeve <input type="checkbox"/> Replaced Pipe (length) _____ ft.	
Date of Detection	5/16/2019	Date of Repair
Diameter of Leak	0.0625 (in") *	Operating Pressure at Leak
Cost of Labor and Materials	\$ NA	Est. Volume Lost
		1.7 (mcf)

BELL HOLE REPORT

COATING	Type	Thickness	Condition	Pipe	Wall Thickness	Internal Condition	External Condition
				Data			
Pipe to Soil Potential		Ph	Soil Resistivity		Soil Type		Condition Under Coating

RELIEF VALVE LOSS REPORT

Valve Make and Model	Company Valve No.	Diameter of Orifice (or Code Letter)	
Valve Set Pressure	Date and Time	Duration of Loss	(hrs) Est. Loss (mcf)

Remarks	Leak detected, first hour gas loss estimated at 1.70mcf approx. 2 barrels of liquid on the ground pooling next to the location.
Signature	Steve Kutach III