



24 February 2012

Mr. Brian Temple, EMT-P  
Incident Investigator  
Public Safety and Field Surveillance Branch  
Energy Resources Conservation Board  
Suite 1000, 250 – 5<sup>th</sup> Street SW  
Calgary, AB T2P 0R4

Dear Mr. Temple,

**RE: ERCB INCIDENT INVESTIGATION: PIPELINE FAILURE  
10 FEBRUARY 2012 INFORMATION REQUEST  
INCIDENT LOCATION 01-01-086-13W5M  
ERCB LICENCE NO. 5592, LINE NO. 001  
ERCB FILE NO. 4010**

Plains Midstream Canada, ULC (Plains) hereby submits the following information in the form of two (2) hard copies and one (1) electronic copy as response to the Energy Resources Conservation Board's (ERCB) additional information request on the subject Incident Investigation.

**Pipeline Integrity**

- 1. Submit welding procedures and non-destructive examination (NDE) reports for those Type B repair sleeves installed in the 1980's and the re-inspection information compiled in 1990 by the previous licensee.***

***As stated in the DNV Report; NPS 20 Rainbow Pipeline Reinstatement Case Support Page 16; Introduction:***

***"Based on data collected during the 2011 magnetic flux leakage (MFL) in-line inspection runs, conducted by Plains on the NPS 20 Rainbow pipeline, there are 95 Type B sleeves on 85 different pipe joints at various locations along the pipeline. The sleeves are thought to have been installed predominantly in the 1980's. the circumferential fillet welds associated with all 95 sleeves were re-inspected in 1990 following a directive that was issued by the National Energy Board (NEB) to companies under its jurisdiction relating to a failure experienced by another operator involving***

***Type B sleeve fillet weld. Although the NPS 20 Rainbow Pipeline was not under NEB jurisdiction, it is assumed that the pipeline operator prudently elected to follow the NEB directive."***

The requested reports cannot be found in Plains' files. A search of the archived files that Plains received from the previous owner/licensee and maintains in offsite storage can be initiated; however, it is a laborious and time consuming process that could require up to 6 months to complete. Please confirm if the ERCB wishes Plains to proceed.

**Emergency Preparedness**

***1. Submit additional documentation that demonstrates the mobilization of rover crews for transient searches.***

Plains immediately (i.e. at first light) dispatched a helicopter to evaluate the incident scene and to protect receptors (i.e. water bodies, surrounding environment, local residents and transients), Plains representatives as well as ERCB representatives present on site conducted daily helicopter patrols from 29 April 2011. Perimeter fencing of the entire site was achieved on 06 May 2011, and was maintained and monitored daily until cleanup was complete. The single road that provided access to the site was manned to restrict unauthorized entry.

Helicopter flight reports up to 06 May 2011 are attached for your reference.

We trust you will find the information enclosed to be satisfactory. Should you have any questions or concerns respecting this matter, please do not hesitate to contact the undersigned at 403-450-1221 or [michelle.stepp@plainsmidstream.com](mailto:michelle.stepp@plainsmidstream.com).

Yours truly,

PLAINS MIDSTREAM CANADA



Michelle Stepp  
MANAGER, REGULATORY

Encl.

Cc:

TRIBUTION:  
ITE - HEAD OFFICE  
LOW - CUSTOMER  
K - PILOT



# HIGHLAND HELICOPTERS LTD.

4240 AGAR DRIVE, RICHMOND, BC V7B 1A3  
TEL: 604-273-8161 FAX: 604-273-2792 www.highland.ca

## FLIGHT REPORT

40882

OPERATOR <b>PLAINS MIDSTREAM</b>						DATE <b>29</b> DAY MONTH YEAR <b>APRIL 2011</b>				
VOICE ADDRESS <b>10501 -77 STREET</b>						REG. <b>CTDHH</b> TYPE <b>AS350B2</b>				
<b>Peace River AB T85 1R2</b>						FUEL / LTR. - CUST. <b>HHL 950</b>				
LOT NAME <b>Peace River</b> ENGINEER OR SCANNER NAME <b>—</b>						SOURCE: <b>BASE 745</b>				
JOB LOCATION <b>Peace River</b>						<b>Remote 205</b>				
NEW EXP. INFO	NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	EXP. A/C #	A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:				
PILOT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			BILLING INFORMATION				
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			H.H.L. CONTRACT #				
CANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			CUSTOMER P.O. #				
OPERATIONAL REMARKS						TIME CLOCK READING				
<b>PLAINS MIDSTREAM CREWS</b>  <b>MP 188</b>  <b>HELICOPTER SAFETY MEETING HELD.</b>						FLIGHT 1		FLIGHT 2		
						END READING	<b>90</b>	<b>4</b>		
						START READING	<b>85</b>	<b>4</b>		
						TOTAL FLT. TIME	<b>5</b>	<b>0</b>		
						TOTAL REVENUE TIME	<b>5</b>	<b>0</b>		
TOTAL N/R FLYING						NO FLY <input type="checkbox"/>				
MINIMUMS APPLY						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
MINIMUMS AVERAGED						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
IF YES: DAY _____ OF _____										
LANDING FEES YES <input type="checkbox"/> NO <input type="checkbox"/>										
LOCATION # _____										
LOCATION # _____										
ACCESSORIES & EXTRA CHARGES						<b>PAY C/PG.</b>				
NO. OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% declared value		CUSTOMER SIGNATURE (FOR INSURANCE)						
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined		x						
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined		x						
TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (INCLUDING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.										
AUTHORIZED BY CUSTOMER										
BASE PRINT NAME <b>[Signature]</b>				SIGNATURE <b>[Signature]</b>						
THE CARRIAGE OF PASSENGERS, BAGGAGE AND GOODS BY HIGHLAND HELICOPTERS LTD. IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY SET FORTH IN ITS RIF FILED WITH THE C.T.A., AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.										

DISTRIBUTION:  
 WHITE - HEAD OFFICE  
 YELLOW - CUSTOMER  
 PINK - PILOT



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## FLIGHT REPORT

41830

CHARTERER <u>Plains Midstream</u>						DATE <u>27</u> <sup>DAY</sup> <u>09</u> <sup>MONTH</sup> <u>2001</u> <sup>YEAR</sup>		
INVOICE ADDRESS <u>Peace River</u>						REG. <u>DH#</u> TYPE <u>ASB2</u>		
PILOT NAME <u>[Signature]</u> ENGINEER OR SCANNER NAME						FUEL / LTR. - CUST <u>[ ]</u> HHL <u>399</u>		
BASE <u>GP</u> JOB LOCATION <u>Peace River</u>						SOURCE: <u>BLOCK PR</u>		
CREW EXP. INFO		NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	EXP. A/C #		
PILOT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:		
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		BILLING INFORMATION		
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		H.H.L. CONTRACT #		
OPERATIONAL REMARKS						CUSTOMER P.O. #		
<u>Reference M.R. 188</u>						TIME CLOCK READING		
						END READING <u>925</u>		
						START READING <u>904</u>		
						TOTAL FLT. TIME <u>21</u>		
						TOTAL REVENUE TIME <u>2.1</u>		
TOTAL N/R FLYING						NO FLY <input type="checkbox"/>		
MINIMUMS APPLY						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MINIMUMS AVERAGED						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
IF YES: DAY _____ OF _____								
LANDING FEES YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
LOCATION <u>CYPE</u> # <u>1</u>								
LOCATION <u>[Signature]</u>								
ACCESSORIES & EXTRA CHARGES								
Safety Buckling helol								
IF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% declared value		CUSTOMER SIGNATURE (FOR INSURANCE)				
		<input type="checkbox"/> Requested	<input type="checkbox"/> Declined	x				
		<input type="checkbox"/> Requested	<input type="checkbox"/> Declined	x				
AS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS. AUTHORIZED BY CUSTOMER								
SE PRINT NAME _____ CARRIAGE OF PASSENGERS, BAGGAGE AND GOODS BY HIGHLAND HELICOPTERS LTD. IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY SET FORTH IN ITS OFFICE OF HIGHLAND HELICOPTERS LTD.								



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# FLIGHT REPORT

40883

[illegible]

R. AD OFFICE  
E. CUSTOMER  
OW. PILOT



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## FLIGHT REPORT

41420

CUSTOMER		Plains Midstream Canada		DATE	DAY 30	MONTH 04	YEAR 2011
VOICE ADDRESS		10501 - 77 Street		REG	C-FHHY TYPE AS350 BA		
Peace River AB		TBS IR2		FUEL / LTR. -	CUST.	Ø	HHL 162
OT NAME		ENGINEER OR SCANNER NAME		SOURCE: Red Earth			
SE Red Earth		JOB LOCATION Red Earth					
EW EXP INFO	NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	EXP. A/C #	A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:	
PILOT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			BILLING INFORMATION	
ENGINEER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			H.H.L. CONTRACT #	
SCANNER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			CUSTOMER P.O. #	

OPERATIONAL REMARKS		TIME CLOCK READING	
Fly from Red Earth Base to EVI @ 1554 arrived @ 1612		FLIGHT 1	FLIGHT 2
		END READING	3915.6
		START READING	3914.7
		TOTAL FLT. TIME	0.9
Flew 3 passengers around Work Site MP 188		TOTAL REVENUE TIME	
		TOTAL N/R FLYING	NO FLY <input type="checkbox"/>
		MINIMUMS APPLY	YES <input type="checkbox"/> NO <input type="checkbox"/>
		MINIMUMS AVERAGED	YES <input type="checkbox"/> NO <input type="checkbox"/>
		IF YES: DAY	OF
		LANDING FEES	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		LOCATION	
		LOCATION	

and Dropped the passengers off at EVI.  
2039 lift off  
2122 Landed Back @ Red Earth Base.

NO OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% declared value	CUSTOMER SIGNATURE (FOR INSURANCE)
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x

TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (INCLUDING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

AUTHORIZED BY CUSTOMER

CASE PH. NAME

SIGNATURE

THE CARRIAGE OF PASSENGERS, BAGGAGE AND GOODS BY HIGHLAND HELICOPTERS LTD. IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY SET FORTH IN ITS BYLAWS FILED WITH THE C.T.A., AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.

### ACCESSORIES & EXTRA CHARGES

0.9 hours of oil used



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# FLIGHT REPORT

41421

[illegible]

DISTRIBUTION:  
- HEAD OFFICE  
- CUSTOMER  
- PILOT



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## FLIGHT REPORT

40884

OPERATOR	PLAINS MIDSTREAM					DATE	1	DAY	9	MONTH	2011	YEAR	
VOICE ADDRESS	10501 - 77 STREET					REG	G0664			TYPE			ASTSCB2
PILOT NAME	[REDACTED]					FUEL / LTR. -	CUST.			HHL			570
ENGINEER OR SCANNER NAME	[REDACTED]					SOURCE:	Base			570			
ASE	PEACE RIVER					JOB LOCATION	PEACE RIVER						
REV EXP. INFO	NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	EXP. A/C #	A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:							
PILOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BILLING INFORMATION							
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H.H.L. CONTRACT #							
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUSTOMER RO. #							

### OPERATIONAL REMARKS

### TIME CLOCK READING

END READING	99	1		
START READING	96	1		
TOTAL FLT. TIME	3	0		
TOTAL REVENUE TIME	4	0		
TOTAL N/R FLYING	NO FLY <input type="checkbox"/>			
MINIMUMS APPLY	1.0	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
MINIMUMS AVERAGED		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
IF YES: DAY		...	OF	
LANDING FEES	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
LOCATION		#		
LOCATION		#		

### ACCESSORIES & EXTRA CHARGES

Ø PAX C/P/G

HELICOPTER SAFETY MEETING HELD

NO. OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% declared value	CUSTOMER SIGNATURE (FOR INSURANCE)
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x

TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

AUTHORIZED BY CUSTOMER

BASE PRINT NAME

SIGNATURE

CARRIAGE OF PASSENGERS, BAGGAGE AND GOODS BY HIGHLAND HELICOPTERS LTD. IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY SET FORTH IN ITS CHARTER AGREEMENT FILED WITH THE C.T.A., AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.

DISTRIBUTION:  
ITE - HEAD OFFICE  
LOW - CUSTOMER  
IK - PILOT



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## FLIGHT REPORT

41422

TERER <u>Plains Midstream Canada</u>		DATE DAY <u>2</u> MONTH <u>05</u> YEAR <u>2011</u>	
VOICE ADDRESS <u>10501 - 77 Street</u>		REG. <u>FHHY</u>	TYPE <u>A5350 BA</u>
<u>Peace River, AB T8S 1R2</u>		FUEL / LTR. - CUST. <input checked="" type="checkbox"/>	HHL <u>126</u>
LOT NAME <u>[REDACTED]</u>	ENGINEER OR SCANNER NAME	SOURCE: <u>Red Earth.</u>	
ASE <u>Red Earth</u>	JOB LOCATION <u>Red Earth.</u>		
REW EXP. INFO	NONE	A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:	
PILOT	<input checked="" type="checkbox"/>	BILLING INFORMATION	
ENGINEER	<input checked="" type="checkbox"/>	H.H.L. CONTRACT #	
CANNER	<input checked="" type="checkbox"/>	CUSTOMER P.O. #	

OPERATIONAL REMARKS		TIME CLOCK READING	
<u>Fly from Red Earth Base to work site</u>		END READING	<u>3417</u> 1
<u>MP 188. 1545 - 1605.</u>		START READING	<u>3916</u> 4
<u>Returned back to Red Earth</u>		TOTAL FLT. TIME	<u>0.7</u>
		TOTAL REVENUE TIME	
		TOTAL N/R FLYING	<input checked="" type="checkbox"/> NO FLY <input type="checkbox"/>
		MINIMUMS APPLY	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		MINIMUMS AVERAGED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		IF YES: DAY <u>2</u> FOR <u>2</u>	
		LANDING FEES	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		LOCATION	
		LOCATION	
		ACCESSORIES & EXTRA CHARGES	
		<u>0.7 hrs of 0.7 used</u>	

NO OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% declared value	CUSTOMER SIGNATURE (FOR INSURANCE)
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined x	
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined x	

TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (INCLUDING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

AUTHORIZED BY CUSTOMER

NAME [REDACTED]

SIGNATURE [REDACTED]

EASE PRINT NAME

THE CARRIAGE OF PASSENGERS, BAGGAGE AND GOODS BY HIGHLAND HELICOPTERS LTD. IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY SET FORTH IN ITS RIFFF FILED WITH THE C.T.A. AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.

# FLIGHT REPORT

40885

05/02/2011 15:53

DISTRIBUTION:  
 WHITE HEAD OFFICE  
 YELLOW CUSTOMER  
 PINK PILOT



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## FLIGHT REPORT

40886

CHARTERER <b>HIGHLAND HELICOPTERS</b>						DATE <b>3</b> DAY <b>May</b> MONTH <b>2011</b> YEAR	
INVOICE ADDRESS						REG. <b>OPR</b> TYPE <b>B206</b>	
PILOT NAME <b>[REDACTED]</b> ENGINEER OR SCANNER NAME						FUEL/LTR. CUST. <b>[REDACTED]</b> HHL <b>22</b>	
BASE <b>Peace River</b> JOB LOCATION <b>Peace River</b>						SOURCE <b>Base 22</b>	
CREW EXP. INFO	NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	EXP. A/C #	AC SUBSTITUTED <input type="checkbox"/> YES TYPE:	
PILOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			BILLING INFORMATION	
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			H.H.L. CONTRACT #	
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			CUSTOMER P.O. #	
OPERATIONAL REMARKS						TIME CLOCK READING	
<b>Maintenance Flight</b>						FLIGHT 1	
						FLIGHT 2	
						END READING <b>200</b>	
						START READING <b>198</b>	
						TOTAL FLT. TIME <b>2</b>	
						TOTAL REVENUE TIME	
						TOTAL N/R FLYING <b>2</b> NO FLY <input type="checkbox"/>	
						MINIMUMS APPLY YES <input type="checkbox"/> NO <input type="checkbox"/>	
						MINIMUMS AVERAGED YES <input type="checkbox"/> NO <input type="checkbox"/>	
						IF YES: DAY _____ OF _____	
						LANDING FEES YES <input type="checkbox"/> NO <input type="checkbox"/>	
						LOCATION # _____	
						LOCATION # _____	
						ACCESSORIES & EXTRA CHARGES	
						<b>Pay cycle</b>	
<b>Midstream</b>							
<b>403-461-1090</b>							
<b>Left message Feb 20th 4pm</b>							
# OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% declared value		CUSTOMER SIGNATURE (FOR INSURANCE)			
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined		x			
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined		x			
TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (BEING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.							
AUTHORIZED BY CUSTOMER							
PLEASE PRINT NAME						SIGNATURE	
THE CARRIAGE OF PASSENGERS, BAGGAGE AND GOODS BY HIGHLAND HELICOPTERS LTD. IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY SET FORTH IN ITS TARIFF FILED WITH THE C.T.A., AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.							

DISTRIBUTION:  
 WHITE - HEAD OFFICE  
 YELLOW - CUSTOMER  
 INK - PILOT



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## FLIGHT REPORT

40887

CHARTERER <b>PLAINS MIDSTREAM</b>		DATE <b>4</b> DAY <b>MAY</b> MONTH <b>2011</b> YEAR
INVOICE ADDRESS <b>10501 - 77 STREET</b>		REG. <b>GDHH</b> TYPE <b>A5350B2</b>
<b>PEACE RIVER AB TRS 182</b>		FUEL / LTR. - CUST. <input type="checkbox"/> HHL <b>570</b>
PILOT NAME <b>[REDACTED]</b>	ENGINEER OR SCANNER NAME <b>[REDACTED]</b>	SOURCE <b>BASE 470</b>
BASE <b>PEACE RIVER</b>	JOB LOCATION <b>PEACE RIVER</b>	<b>REMOTE 100</b>
CREW EXP. INFO	NONE	HOTEL \$ AND/OR NAME
PILOT	<input type="checkbox"/>	<input type="checkbox"/>
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>
MEALS		
MISC.		
EXP. A/C #		
A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:		

OPERATIONAL REMARKS		TIME CLOCK READING	
<b>MP188</b>  <b>[REDACTED]</b> <b>[REDACTED]</b> <b>[REDACTED]</b>		END READING	<b>1043</b>
		START READING	<b>1013</b>
		TOTAL FLT. TIME	<b>3.0</b>
		TOTAL REVENUE TIME	<b>4.0</b>
		TOTAL N/R FLYING	<b>4.0</b>
		NO FLY <input type="checkbox"/>	
		MINIMUMS APPLY	<b>4.0</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		MINIMUMS AVERAGED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		IF YES: DAY _____ OF _____	
		LANDING FEES YES <input type="checkbox"/> NO <input type="checkbox"/>	
		LOCATION # _____	
		LOCATION # _____	

ACCESSORIES & EXTRA CHARGES	
<b>1 PAY TYPE</b>	
<b>HELICOPTER SAFETY MEETING HOLD</b>	

NO. OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE <small>cost: 1.5% declared value</small>	CUSTOMER SIGNATURE <small>(FOR INSURANCE)</small>
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x

TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (INCLUDING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

AUTHORIZED BY CUSTOMER  
**[REDACTED]** **[REDACTED]**  
 BASE PRINT NAME SIGNATURE

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DISTRIBUTION:  
 -ITE - HEAD OFFICE  
 -LOW - CUSTOMER  
 -VK - PILOT



# HIGHLAND HELICOPTERS LTD.

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## FLIGHT REPORT

40888

PILOT NAME <b>PLAINS MIDSTREAM</b>						DATE <b>5</b> DAY <b>May</b> MONTH <b>2011</b> YEAR	
VOICE ADDRESS <b>10501 - 77 STREET</b>						REG. <b>GDWH</b> TYPE <b>A350B2</b>	
<b>Peace River AD TRS 1R2</b>						FUEL/LTR.- CUST. <input type="checkbox"/> HHL <b>456</b>	
CASE <b>Peace River</b>						SOURCE: <b>BASE 406</b>	
JOB LOCATION <b>Peace River</b>						<b>Remote 50</b>	
CREW EXP. INFO		NONE		HOTEL AND/OR NAME		MEALS	
PILOT		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ENGINEER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
SCANNER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OPERATIONAL REMARKS						BILLING INFORMATION	
<b>MP188</b> 						TIME CLOCK READING	
						END READING <b>106 7</b>	
						START READING <b>104 3</b>	
						TOTAL FLT. TIME <b>2.4</b>	
						TOTAL REVENUE TIME <b>4.0</b>	
TOTAL N/R FLYING						NO FLY <input type="checkbox"/>	
MINIMUMS APPLY <b>4.0</b>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MINIMUMS AVERAGED						YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES: DAY _____ OF _____						LANDING FEES YES <input type="checkbox"/> NO <input type="checkbox"/>	
LOCATION # _____						LOCATION # _____	
ACCESSORIES & EXTRA CHARGES						<b>1 PAY CYG-</b>	
Helicopter Smoky Mountain Area							
NO OF LIFTS		CARGO DECLARED VALUE		ADDITIONAL BLIND CARGO INSURANCE cost: 1.5% declared value		CUSTOMER SIGNATURE (FOR INSURANCE)	
				<input type="checkbox"/> Requested <input type="checkbox"/> Declined		x	
				<input type="checkbox"/> Requested <input type="checkbox"/> Declined		x	
TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (EING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.							
AUTHORIZED BY CUSTOMER							
THE CARRIAGE OF PASSENGERS, CARGO AND GOODS BY HIGHLAND HELICOPTERS LTD. IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF LIABILITY SET FORTH IN ITS CHARTER AGREEMENT WITH THE C.T.A. AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.							



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**HIGHLAND HELICOPTERS LTD.**

**4240 AGAR DRIVE, RICHMOND, BC V7B 1A3**  
**TEL: 604-273-5161 FAX: 604-273-2792 [www.highland.ca](http://www.highland.ca)**

# FLIGHT REPORT

40889

TERER PLAINS MIDSTREAM					DATE 6 DAY MONTH YEAR MAY 2011	
VOICE ADDRESS 10521-77 STREET					REG. GDHW TYPE AS350BZ	
PEACE RIVER AR TRS1R2					FUEL / LTR. - CUST. HML 513	
LOT NAME [REDACTED] ENGINEER OR SCANNER NAME					SOURCE BARG-463	
CASE PEACE RIVER JOB LOCATION PEACE RIVER					REPORTS 50	
NEW EXP. INFO	NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	EXP. A/C #	A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:
PILOT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			BILLING INFORMATION H.H.L. CONTRACT # CUSTOMER P.O. #
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

OPERATIONAL REMARKS		TIME CLOCK READING	
		FLIGHT 1	FLIGHT 2
MP188		END READING	109.4
		START READING	106.7
		TOTAL FLT. TIME	2.7
		TOTAL REVENUE TIME	4.0
JFE		TOTAL N/R FLYING	NO FLY <input type="checkbox"/>
		MINIMUMS APPLY	4.0 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		MINIMUMS AVERAGED	YES <input type="checkbox"/> NO <input type="checkbox"/>
		IF YES: DAY _____	OF _____
		LANDING FEES	YES <input type="checkbox"/> NO <input type="checkbox"/>
		LOCATION _____	# _____
		LOCATION _____	# _____

ACCESSORIES & EXTRA CHARGES  
1 Pax CYPE

Helicopter Safety Training Held

OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% (declared value)	CUSTOMER SIGNATURE (FOR INSURANCE)
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x

TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH (EQUATING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

**THORIZED BY CUSTOMER**

CASE PRINT NAME

**Cheryl**

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THE OFFICE OF HIGHLAND HELICOPTERS LTD.

DISTRIBUTION:  
SITE - HEAD OFFICE  
LOW - CUSTOMER  
JK - PILOT



# HIGHLAND HELICOPTERS LTD.

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## FLIGHT REPORT

40889

CHARTERER <u>PLAINS MIDSTREAM</u>					DATE <u>6</u> DAY MONTH YEAR <u>MAY 2011</u>	
VOICE ADDRESS <u>10501-77 STREET</u>					REG <u>GDHW</u> TYPE <u>AS350B2</u>	
<u>PEACE RIVER AB TRS1R2</u>					FUEL/LTR.- CUST. <u>513</u> HHL <u>513</u>	
ILOT NAME <u>[REDACTED]</u> ENGINEER OR SCANNER NAME					SOURCE <u>BASS-463</u>	
ASE <u>PEACE RIVER</u> JOB LOCATION <u>PEACE RIVER</u>					<u>REMARKS: 50</u>	
NEW EXP. INFO	NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:	
PILOT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BILLING INFORMATION	
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H.M.L. CONTRACT #	
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUSTOMER PO. #	

### OPERATIONAL REMARKS

MP188



JTE

CS

RECEIVED

2011

CHARLES BROWN

Helicopter Safety Training Area

### TIME CLOCK READING

END READING	<u>109.4</u>	FLIGHT 1	FLIGHT 2
START READING	<u>106.7</u>		
TOTAL FLT. TIME	<u>2.7</u>		
TOTAL REVENUE TIME	<u>4.0</u>		
TOTAL N/R FLYING		NO FLY <input type="checkbox"/>	
MINIMUMS APPLY	<u>4.0</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MINIMUMS AVERAGED		YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES: DAY		OF	
LANDING FEES	YES <input type="checkbox"/> NO <input type="checkbox"/>		
LOCATION		#	
LOCATION		#	

### ACCESSORIES & EXTRA CHARGES

1 PAY CYPE

NO. OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL SLUNG CARGO INSURANCE cost: 1.5% declared value	CUSTOMER SIGNATURE (FOR INSURANCE)
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x
		<input type="checkbox"/> Requested <input type="checkbox"/> Declined	x

TERMS OF PAYMENT ARE NET 30 DAYS FROM RECEIPT OF INVOICE. INTEREST AT 1.5% PER MONTH  
BEING 18% PER ANNUM WILL BE CHARGED ON OVERDUE ACCOUNTS.

AUTHORIZED BY CUSTOMER

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