



24 February 2012

Mr. Brian Temple, EMT-P
Incident Investigator
Public Safety and Field Surveillance Branch
Energy Resources Conservation Board
Suite 1000, 250 – 5th 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.

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 PLAINS MIDSTREAM					DATE 29 DAY MONTH YEAR APRIL 2011
VOICE ADDRESS 10501 -77 STREET					REG. CTDHH TYPE AS350B2
Peace River AB T85 1R2					FUEL / LTR. - CUST. <input type="checkbox"/> HHL 950
LOT NAME [REDACTED] ENGINEER OR SCANNER NAME [REDACTED]					SOURCE: BASE 745
BASE Peace River JOB LOCATION Peace River					Remote 205
REW EXP. INFO	NONE	HOTEL \$ AND/OR NAME	MEALS	MISC.	EXP. A/C #
PILOT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A/C SUBSTITUTED YES TYPE: _____
 BILLING INFORMATION
 H.H.L. CONTRACT # _____
 CUSTOMER PO. # _____

OPERATIONAL REMARKS

[REDACTED]

PLAINS MIDSTREAM CREWS

MP 188

[REDACTED]

[REDACTED]

[REDACTED]

HELICOPTER SAFETY MEETING HELD.

TIME CLOCK READING		FLIGHT 1	FLIGHT 2
END READING	904		
START READING	854		
TOTAL FLT. TIME	5.0		
TOTAL REVENUE TIME	5.0		
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
PAY C/PG.

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

[REDACTED] **[REDACTED]**

BASE 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 RIFILE 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 DAY <u>27</u> MONTH <u>10</u> YEAR <u>2001</u>
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 <input type="checkbox"/> HHL <u>399</u>
BASE <u>GP</u>	JOB LOCATION <u>Peace River</u>	SOURCE: <u>B/C/A PR</u>
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"/>

OPERATIONAL REMARKS <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 # 1</u>
LOCATION	<u>[Signature]</u>

ACCESSORIES & EXTRA CHARGES

[Signature]

Safety Bunting 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

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

[Signature]

PLEASE 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.

CONTRIBUTION:
 TE - HEAD OFFICE
 LOW - CUSTOMER
 - PILOT



HIGHLAND HELICOPTERS LTD.

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FLIGHT REPORT

40883

OPERATOR PLAINS MIDSTREAM					DATE 30 DAY MONTH YEAR APRIL 2021	
OFFICE ADDRESS 10501-77 STREET					REG. GDH4 TYPE ASSC032	
PEACE RIVER AB TRS 122					FUEL / LTR.- CUST. <input type="checkbox"/> HHL 684	
JOB NAME PEACE RIVER ENGINEER OR SCANNER NAME					SOURCE: BASE 274	
JOB LOCATION PEACE RIVER					REMOTE 410	
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 #
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			CUSTOMER P.O. #
OPERATIONAL REMARKS					TIME CLOCK READING	
MP 188					END READING 96 1	
					START READING 92 5	
					TOTAL FLT. TIME 3.6	
					TOTAL REVENUE TIME 3.6	
					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	
					\$ PAY C/PG.	
HELICOPTER SAFETY HEAD MOUNTED						
NO OF LIFTS	CARGO DECLARED VALUE	ADDITIONAL BLUNG 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						
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 CHARTER AGREEMENT WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.						

RE: AD OFFICE
 CUSTOMER
 PILOT



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FLIGHT REPORT

41420

OPERATOR	Plains Midstream Canada			DATE	DAY 30	MONTH 04	YEAR 2011
OFFICE ADDRESS	10501 - 77 Street			REG	C-FHHY TYPE AS350 BA		
	Peace River AB T8S 1R2			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.				ACCESSORIES & EXTRA CHARGES			
2039 lift off				0.9 hours of oil used			
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

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 POLICY FILED WITH THE C.T.A., AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.

DISTRIBUTION:
 - HEAD OFFICE
 - CUSTOMER
 - PILOT



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FLIGHT REPORT

40884

OPERATOR		PLAINS MIDSTREAM		DATE	1 DAY	1 MONTH	2011
VOICE ADDRESS		10501 - 77 STREET		REG	G0664	TYPE	MS30R2
PILOT NAME		[REDACTED]		FUEL / LTR. - CUST.		HHL	570
ENGINEER OR SCANNER NAME		[REDACTED]		SOURCE	Base	570	
JOB LOCATION		PEACE RIVER		REMOTE			
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"/>			BILLING INFORMATION	
ENGINEER	<input type="checkbox"/>		<input type="checkbox"/>			H.H.L. CONTRACT #	
SCANNER	<input type="checkbox"/>		<input type="checkbox"/>			CUSTOMER PO. #	

OPERATIONAL REMARKS		TIME CLOCK READING	
MP 188		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"/>
[REDACTED]		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	
[REDACTED]		LANDING FEES	YES <input type="checkbox"/> NO <input type="checkbox"/>
		LOCATION	#
[REDACTED]		LOCATION	#
		ACCESSORIES & EXTRA CHARGES	
[REDACTED]		PAC 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 (INCLUDING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

AUTHORIZED BY CUSTOMER

BASE PRINT NAME: [REDACTED] SIGNATURE: [REDACTED]

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 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



HIGHLAND HELICOPTERS LTD.

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FLIGHT REPORT

41422

OPERATOR Plains Midstream Canada		DATE DAY 2 MONTH 05 YEAR 2011
VOICE ADDRESS 10501 - 77 Street		REG. FHHY TYPE A5350 BA
Peace River, AB T8S 1R2		FUEL / LTR. - CUST. <input type="checkbox"/> HHL 126
LOT NAME [REDACTED]	ENGINEER OR SCANNER NAME	SOURCE: Red Earth.
BASE Red Earth	JOB LOCATION Red Earth.	

REV 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"/>			BILLING INFORMATION H.H.L. CONTRACT # CUSTOMER P.O. #
ENGINEER	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
CANNER	<input checked="" type="checkbox"/>		<input type="checkbox"/>			

OPERATIONAL REMARKS	TIME CLOCK READING	
	FLIGHT 1	FLIGHT 2
Fly from Red Earth Base to work site MP 188. 1545 - 1605.	END READING 3917.1	
	START READING 3916.4	
	TOTAL FLT. TIME 0.7	

Returned back to Red Earth

TOTAL REVENUE TIME

TOTAL N/R FLYING NO FLY

MINIMUMS APPLY YES NO

MINIMUMS AVERAGED YES NO

IF YES: DAY FOR

LANDING FEES YES NO

LOCATION #

LOCATION #

ACCESSORIES & EXTRA CHARGES

0.7 hrs of oil used

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

[Signature]

PLEASE 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.

DISTRIBUTION:
 WHITE HEAD OFFICE
 YELLOW CUSTOMER
 PINK PILOT



HIGHLAND HELICOPTERS LTD.

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FLIGHT REPORT

40886

CHARTERER HIGHLAND HELICOPTERS						DATE 3 DAY May MONTH 2011 YEAR
INVOICE ADDRESS						REG. OPZ TYPE B206
PILOT NAME [REDACTED] ENGINEER OR SCANNER NAME						FUEL/LTR. - CUST. <input type="checkbox"/> HHL 22
BASE Peace River JOB LOCATION Peace River						SOURCE BASE 22
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
Maintenance Flight						END READING 200
						START READING 198
						TOTAL FLT. TIME 02
						TOTAL REVENUE TIME
						TOTAL N/R FLYING 2 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
						Pay cycle
[REDACTED] - [REDACTED] Midstream						
403-461-1090						
Left message Feb 23rd 4pm						
# 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						
[Signature Box]				SIGNATURE		
PLEASE 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 TARIFF FILED WITH THE C.T.A., AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.						

DISTRIBUTION:
 - JTE - HEAD OFFICE
 - JLOW - CUSTOMER
 - JK - PILOT



HIGHLAND HELICOPTERS LTD.

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FLIGHT REPORT

40888

OPERATOR PLAINS MIDSTREAM		DATE 5 DAY 1 MONTH MAY YEAR 2011
VOICE ADDRESS 10501 - 77 STREET		REG. GDWH TYPE A3350732
Peace River AB T8S 1R2		FUEL/LTR.- CUST. <input type="checkbox"/> HHL 456
PILOT NAME [REDACTED]	ENGINEER OR SCANNER NAME	SOURCE: BASE 406
BASE Peace River	JOB LOCATION Peace River	Remote 50
CREW EXP. INFO	NONE	HOTEL # AND/OR NAME
MEALS	MISC.	EXP. A/C #
A/C SUBSTITUTED <input type="checkbox"/>	YES	TYPE:

OPERATIONAL REMARKS		TIME CLOCK READING	
MP188 [REDACTED]		END READING	106 7
		START READING	104 3
		TOTAL FLT. TIME	2.4
		TOTAL REVENUE TIME	4.0
		TOTAL N/R FLYING	<input type="checkbox"/> NO FLY
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 PAY CYG-

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 (EQUATING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS.

AUTHORIZED BY CUSTOMER

[REDACTED]

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 CHARTER AGREEMENT FILED WITH THE C.T.A. AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.

DISTRIBUTION:
 HITE - HEAD OFFICE
 BLOW - CUSTOMER
 BK - PILOT



HIGHLAND HELICOPTERS LTD.

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FLIGHT REPORT

40888

HARTEER <u>PLAINS MIDSTREAM</u>					DATE <u>5</u> DAY <u>May</u> MONTH <u>2011</u> YEAR	
VOICE ADDRESS <u>10501 - 77 street</u>					REG. <u>GDH</u> TYPE <u>AS350B2</u>	
<u>Peace River AB T8S 1R2</u>					FUEL/LTR.- CUST. <input type="checkbox"/> HHL. <u>#56</u>	
ILIOT NAME <u>[REDACTED]</u>		ENGINEER OR SCANNER NAME			SOURCE: <u>BASE 406</u>	
ASE <u>Peace River</u>		JOB LOCATION <u>Peace River</u>			<u>REMOTE 50</u>	
REW 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"/>	<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 #
CANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUSTOMER PO. #

OPERATIONAL REMARKS
MP188

Helicopter Safety Meeting Held

TIME CLOCK READING	
END READING	<u>106 7</u>
START READING	<u>104 3</u>
TOTAL FLT. TIME	<u>2.4</u>
TOTAL REVENUE TIME	<u>4.0</u>
TOTAL N/R FLYING	<input type="checkbox"/> NO FLY
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 (INCLUDING 18% PER ANNUM) WILL BE CHARGED ON OVERDUE ACCOUNTS

AUTHORIZED BY CUSTOMER


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 CHARTER AGREEMENT FILED WITH THE C.T.A., AN EXTRACT OF WHICH IS AVAILABLE FOR EXAMINATION AT THE OFFICE OF HIGHLAND HELICOPTERS LTD.

DISTRIBUTION:
 4ITE - HEAD OFFICE
 4LOW - CUSTOMER
 4JK - PILOT



HIGHLAND HELICOPTERS LTD.

4240 AGAR DRIVE, RICHMOND, BC V7B 1A3
 TEL: 604-273-6161 FAX: 604-273-2792 www.highland.ca

FLIGHT REPORT

40889

CHARTERER PLAINS MIDSTREAM		DATE 6 DAY MAY MONTH 2011 YEAR
VOICE ADDRESS 10501-77 STREET		REG. GDHW TYPE AS350B2
PEACE RIVER AB FRS1R2		FUEL/LTR.- CUST. <input type="checkbox"/> HHL 513
PILOT NAME [REDACTED]	ENGINEER OR SCANNER NAME	SOURCE BASS-463
ASE PEACE RIVER	JOB LOCATION PEACE RIVER	REMARKS: 60
REV EXP INFO	NONE <input type="checkbox"/> HOTEL \$ AND/OR NAME	MEALS
PILOT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>
SCANNER	<input type="checkbox"/>	<input type="checkbox"/>
A/C SUBSTITUTED <input type="checkbox"/> YES TYPE:		BILLING INFORMATION
M.H.L. CONTRACT #		CUSTOMER PO. #

OPERATIONAL REMARKS

MP188



JTE

S

RECU

RD

- CHARLES BROWN

HELICOPTER SAFETY TESTING HELD

TIME CLOCK READING

	FLIGHT 1	FLIGHT 2
END READING	109.4	
START READING	106.7	
TOTAL FLT. TIME	2.7	
TOTAL REVENUE TIME	4.0	
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 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

[REDACTED SIGNATURE]

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