Pipeline Group Factual Report

ATTACHMENT 11

Hattiesburg - Carmichael Hydrotest 1984

Carmichael, Mississippi
DCA 08 MP 001

DPC-228(4-84) FRONT

DIXIE PIPELINE COMPANY

PIPELINE PRESSURE TEST RECORD

DESCRIPTION

NAME OF SYSTEM OR FACILITY TESTED	DISTRICT	LOCATION		AFE NO.
Dixie Mainline (Hattiesburg to Carmichael)	Western	34	571	6469

PIPE DATA

O.D. (INS.)	WALL (INS.)	GRADE	TYPE	PE SE	YLD. ST.	SEAM FAC."E"	DESIGN FAC."F"	TEMP. FAC."T"	THEORE TICAL YIELD PRESSURE	FROM STA. NO. TO STA. NO.
12.75	0.250	X-52	ERW	PE	52000	1.0	0.72	N/A	2039.2	305,746 Feet
12.75	0.375	Gr.B	SMLS	PE	35000	1.0	0.72	N/A	2058.8	731 Feet
12.75	~~0.250~~ 0.375	X-42	ERW	PE	42000	1.0	0.72	N/A	2470.6	229 Feet
	↑ nominal wall is incorrect. Actual wt > 0.375								↖ Pressure was calculated using 0.375 wt. Nominal wall of ~~0.250~~ is probably a typographical error See Pipe data sheet & VIR attached	
	(SEE ATTACHED PIPE DATA SHEET FOR STATION NUMBERS)									

DESIGN DATA (FOR LIMITING SECTION)

CODE: ANSI: _____ 19 _____

FITTINGS: ANSI RATING B16.5

WORKING PRESSURE 1440 PSI

DOT 195

TEMPERATURES: INITIAL 63 °F HIGH 63 °F LOW 60 °F FINAL 61 °F

TEST PRESSURES: 1ST 4 HRS: MINIMUM 1854 PSI MAXIMUM 1857 PSI

2ND 4 HRS: MINIMUM 1649 PSI MAXIMUM 1649 PSI

ELEVATIONS: LOW POINT 105 FT. HIGH POINT 390 FT. RECORDER 157' FT.

LOCATIONS: 21750+00 21364+00 19399+98

TEST DATA (SEE BACK OF FORM)

PURPOSE: INITIAL CONSTRUCTION ☐ PRETEST ☐ RETEST ☒ REPAIR OR REPLACEMENT ☐

TEST FLUID: WATER ☒ OTHER _____

TEST FAILURES

NO.	LOCATION	DESCRIPTION	HOW REPAIRED
		(SEE ATTACHED FAILURE REPORTS)	

REMARKS:

DOCUMENTS ATTACHED

PRESSURE CHART ☒ TEMP. CHART ☒ SKETCH OR DIAGRAM ☒ DIAGRAM # _____ PROFILE ☒

SUMMARY OF FINAL TEST

THIS SECTION IS QUALIFIED FOR 1440 PSI MAXIMUM ALLOWABLE OPERATING PRESSURE

TEST DURATION: 8 HRS. PIPING WAS BURIED DURING TEST ☒ PIPING WAS EXPOSED & INSPECTED DURING TEST ☐

TEST SUPERVISED BY: DPC REPRESENTATIVE

CERTIFIED BY DISTRICT OR PROJECT ENGINEER [redacted]

APPROVED BY DISTRICT OR PROJECT MANAGER

DATE

DPC-228(4-84) BACK

DIXIE PIPELINE COMPANY

PIPELINE PRESSURE TEST RECORD

EXTENT OF TEST: FROM STA 19399+94 TO STA 22467+00

DEAD WEIGHT TESTER DATA

DEAD WT. TESTER, MFGR.: Chandler Engineering SER. NO.: 7222

CERTIFICATE OF CALIBRATION ATTACHED: YES ☒ NO ☐

IF NO, IS THE CERTIFICATE ON FILE AT THE DISTRICT? YES ☐ NO ☐

PRESSURE AND TEMPERATURE DATA

NO.	TIME	DWT PRESS PSI	TEMPERATURE °F FLUID	TEMPERATURE °F AMBIENT	REMARKS
1	15:00	1857		92	
2	15:15	1857		92	
3	15:30	1857		92	
4	15:45	1856		92	
5	16:00	1856		92	
6	16:15	1856		92	
7	16:30	1856		92	
8	16:45	1856		92	
9	17:00	1856		90	
10	17:15	1855		90	
11	17:30	1855		89	
12	17:45	1855		89	
13	18:00	1855		88	
14	18:15	1854		87	
15	18:30	1854		85	
16	18:45	1854		84	
17	19:00	1854		84	
18	19:01	1854		84	Begin to Blowdown to 110% of MAOP
19	19:15	1649		83	
20	19:30	1649		82	
21	19:45	1649		80	
22	20:00	1649		78	
23	20:15	1649		78	
24	20:30	1649		78	
25	20:45	1649		77	
26	21:00	1649		77	(Data Continued on Next Page)

Floyd R. Pearson — RECORDED BY

David M. Wilson — WITNESSED BY

May 6, 1984 — DATE

DPC-228(4-84) BACK

DIXIE PIPELINE COMPANY

PIPELINE PRESSURE TEST RECORD

EXTENT OF TEST: FROM STA 19399+94 TO STA 22467+00

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DEAD WT. TESTER, MFGR.: Chandler Engineering SER. NO.: 7222

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PRESSURE AND TEMPERATURE DATA

NO.	TIME	DWT PRESS PSI	TEMPERATURE °F FLUID	TEMPERATURE °F AMBIENT	REMARKS
1	21:15	1649		77	(Continued from Previous Page)
2	21:30	1649		77	
3	21:45	1649		77	
4	22:00	1649		76	
5	22:15	1649		76	
6	22:30	1649		76	
7	22:45	1649		76	
8	23:00	1649		75	Test Complete
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

RECORDED BY

WITNESSED BY

DATE

PIPE DATA SHEET

O.D.(INS.)	WALL(INS.)	GRADE	TYPE	U	PE	MANUFACTURER	YIELD	FROM STA. TO STA.
12 3/4	0.250	X-52	ERW	N	PE	Lone Star	2039.2	19399+94 to 19402+03
12 3/4	0.375	GR. B	SMLS	N	PE	Nat. Tube	2058.8	19402+03 to 19403+42
12 3/4	0.250	X-52	ERW	N	PE	Lone Star	2039.2	19403+42 to 19405+53
12 3/4	0.375	X-42	ERW	N	PE	Lone Star	2470.6	19405+53 to 19407+69
12 3/4	0.250	X-52	ERW	N	PE	Lone Star	2039.2	19407+69 to 19408+20
12 3/4	0.375	X-42	ERW	N	PE	Lone Star	2470.6	19408+20 to 19408+33
12 3/4	0.250	X-52	ERW	N	PE	Lone Star	2039.2	19408+33 to 19835+38
12 3/4	0.375	Gr. B	SMLS	N	PE	Nat. Tube	2058.8	19835+38 to 19838+05
12 3/4	0.250	X-52	ERW	N	PE	Lone Star	2039.2	19838+05 to 21748+47
12 3/4	0.375	Gr. B	SMLS	N	PE	Nat. Tube	2058.8	21748+47 to 21751+72
12 3/4	0.250	X-52	ERW	N	PE	Lone Star	2039.2	21751+72 to 22467+00

DIXIE PIPELINE COMPANY
REPORT OF VISUAL INSPECTION & REPAIR

GENERAL

Line Section/Station: Hattiesburg To Carmichael State/Location Code: 34571 MP: 367.

Land Use: Hwy & Railroad Depth of Cover: 4' Landmark: East of Hwy 11 @ Railroad

R/W Tract: 29 Alignment Sheet #: 64 of 211 County/~~Parish~~: Forrest State: MS

R/W Inventory Numbers: From 19405+60 To 19407+45 Line Size: 12"

Latitude: N 31° 22' 34.5" Longitude: W 089° 16' 02.2"

WORK DESCRIPTION: Date Begun: 6-22-06 Date Completed: 6-22-06

Detailed Account: Dug out Pipeline To Check Wall Thickness of Pipeline - UT Was .398 To .402 Wall Thickness Recoated area That Was Checked 3' From End of Casin on both sides of Railroad

Contractor: L.E. Bell Construction Inspector: J.D. Runnels

AFE Name: AFE Number: P11412

INSPECTION RESULTS:

Facility Inspected: [X] Pipe [ ] Valve [ ] Fitting [X] Coating [ ] Other

EXTERNAL CORROSION

[ ] N/A [X] None

Dimensions of Graded Pit:- Depth: " Length "
(Pit dimensions used to determine MAOP)
Overall Length of Facility Affected - ft. in.
[ ] MAOP Not Affected Calculated MAOP: PSIG.

INTERNAL CORROSION

[X] N/A [ ] None

Dimensions of Graded Pit:- Depth: " Length "
(Pit dimensions used to determine MAOP)
Overall Length of Facility Affected - ft. in.
[ ] MAOP Not Affected Calculated MAOP: PSIG.

MECHANICAL DAMAGE

[ ] N/A [X] None
[ ] Gouge [ ] Dent
[ ] Other

Dimensions of Gouge/Dent: - Depth: " Length "
(Dimensions used to determine MAOP)
Overall Length of Facility Affected - ft. in.
[ ] MAOP Not Affected Calculated MAOP: PSIG.

COATING: [ ] Somastic [X] TGF [ ] Paint [ ] Mastic [ ] Concrete [ ] Primer & Tape [ ] FBE

CONDITION OF COATING: [X] Good [ ] Fair [ ] Poor

FACILITY ENVIRONMENT: [X] Sand [X] Clay [ ] Loam [ ] Rock [ ] Water [ ] Air [ ] Other:

FACILITY REPAIR RESULTS: [ ] N/A [ ] Repaired [ ] Replaced

Repaired by: [ ] Full Wrap [ ] Clock Spring [ ] Leak Clamp [X] Recoat

Coating Type Used: Trenton Wax Tape & Primer

Description of Repair or Replacement Item(s):

P.O. # of Repair or Replacement Item(s):

PROPERTY DAMAGE

[ ] Landowner [ ] Tenant Name: Telephone Number:

Address: City: State: Zip:

Description of Damage:

Estimated Value of Damage:

Related Reports & Forms:

Prepared By: [redacted] Date: 6-22-06

Distribution: Original Maintenance [redacted] OT Files.

Back of Form may be used for sketch or additional information

DPC-270
Rev. 01/01
MPR-2809

HATTIESBURG TO CARMICHAEL

HYDROSTATIC TEST

EVENT SUMMARY

Tuesday, April 24:

07:00	Mainline Shutdown
14:07	Launched Pig #1
14:30	Launched Pig #2

Wednesday, April 25:

07:09	Pig #1 at Carmichael Station
07:30	Pig #2 at Carmichael Station

Thursday, April 26:

03:00	Pig #1 at Demopolis
06:30	Pig #2 at Demopolis
09:00	Completed welding at Carmichael
12:19	Break #1 at MP 400.20

Friday, April 27:

07:00	Break #1 Repairs Completed
11:33	Break #2 at MP 411.24
23:00	Break #2 Repairs Completed

Saturday, April 28:

01:46	Break #3 at MP 409.53
15:25	Break #3 Repairs Completed
18:01	Break #4 at MP 399.08

Sunday, April 29:

12:25	Break #4 Repairs Completed
16:05	Break #5 at MP 399.76

Monday, April 30:

00:30	Break #5 Repairs Completed
04:25	Break #6 at MP 384.88
16:25	Break #6 Repairs Completed
19:15	Began Test with Seeper

Tuesday, May 1:

03:15	Completed Test with Seeper
	Found seeper in Station Yard (Break #7)
11:45	Break #7 Repairs Completed
13:30	Began Test with Seeper
17:30	Completed Test with Seeper

Wednesday, May 2:

16:45	Installed 1st Weld Cap at MP 372.48

Thursday, May 3:

10:00	Installed 2nd Weld Cap at Mp 370.31
16:12	Installed 3rd Weld Cap at MP 371.30

Friday, May 4:

11:15	Installed 4th Weld Cap at MP 371.80
18:25	Installed 5th Weld Cap at MP 372.10

Saturday, July 5:

07:00	Began Stripping Out Pipeline at MP 371.80

Sunday, July 6:

08:19	Found Seeper (Break #8) at MP 372.09
15:00	Began Test
23:00	Test Completed with no Leaks

DMW:sdj

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie P/L

Pipe Line Description: 12" Propane

Section Tested: From: Hattisburg To: Carmichael

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x .250 W.T. x Grade 52 Manufacturer:

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: LH-29841 FP1822 1826

Pressure Unit Location: Hattisburg Stn Water Source: Leaf River

Time and Date Test Started: 3:00 PM 5-6-84 Test Pressure (Maximum): 1857 1649 PSIG

Time and Date Test Ended: 11:00 AM PM 5-6-84 Pressure Volume Plot: Yes ✓ No

Section Accepted ✓ Section Leaking Section Ruptured

DEADWEIGHT RECORDED READING (PSIG)

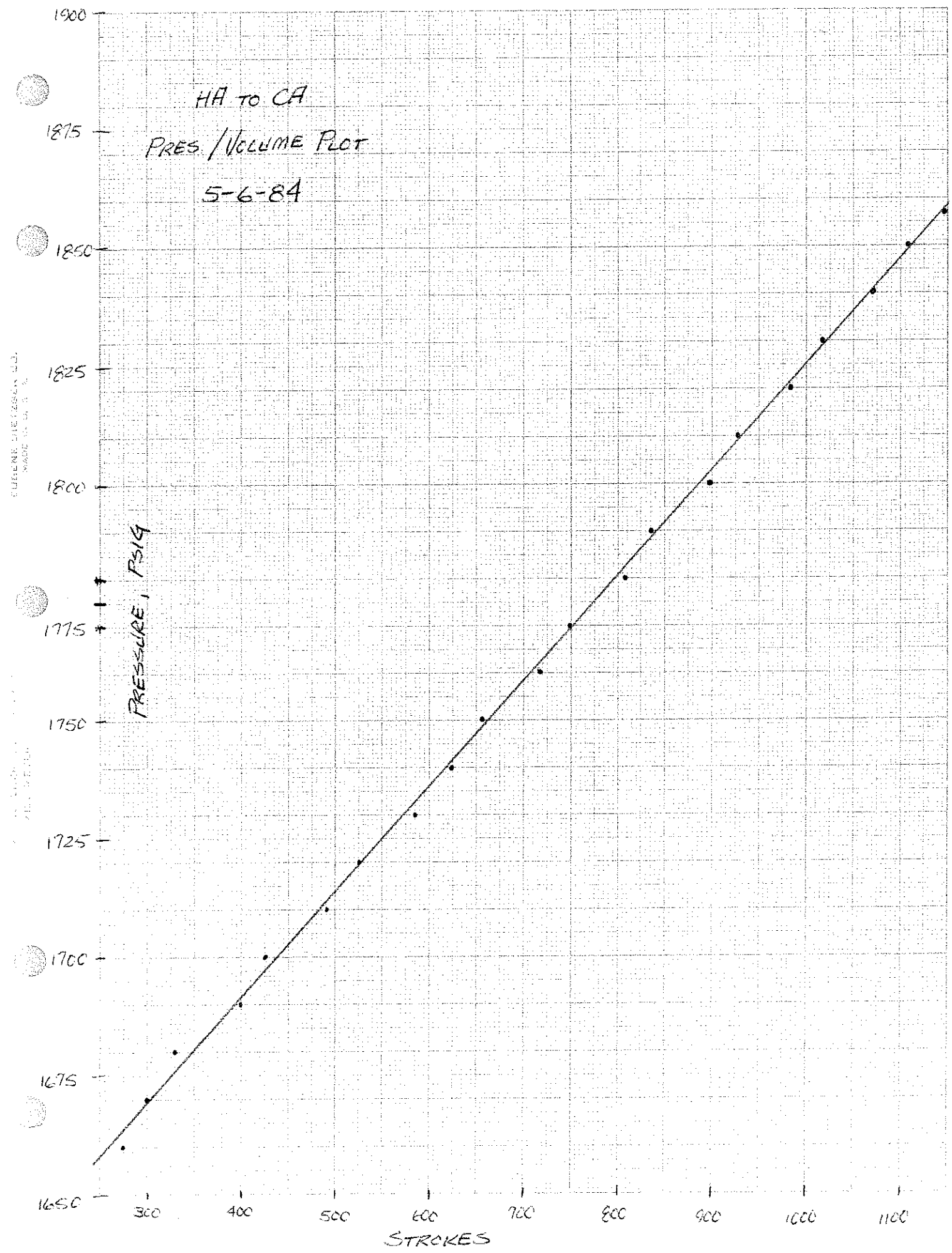
TIME	PRESSURE	TEMP DEG.F Ambient	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
Date: 5-6-84								
1:40 PM	770	90°	5:45 PM	1855	89°	9:00 PM	1649	77°
1:45	1300	90	6:00	1855	88°	9:15	1649	77°
2:33	1857	93°	6:15	1854	87°	9:30	1649	77°
3:00	1857	92°	6:30	1854	85°	9:45	1649	77°
3:15	1857	92°	6:45	1854	84°	10:00	1649	76°
3:30	1857	92°	7:00	1854	84°	10:15	1649	76°
3:45	1856	92°	7:01	1854-1649	84°	10:30	1649	76°
4:00	1856	90°	7:15	1649	83°	10:45	1649	76°
4:15	1856	92°	7:30	1849	82°	11:00	1649	75°
4:30	1856	90°	7:45	1849	80°			
4:45	1856	92°	8:00	1849	78°			
5:00	1856	90°	8:15	1649	78°			
5:15	1855	90°	8:30	1649	78°			
5:30	1855	89°	8:45	1649	77°			

Strokes per 10 psi: 47.2 Remarks:

Milbar Supt. [redacted] Inspector

Witness: [redacted] 2.

Gauges and Recorders Last Tested Deadweight Serial No. 7222


HA TO CA
PRES./VOLUME PLOT
5-6-84
PRESSURE, PSIG
1900
1875
1850
1825
1800
1775
1750
1725
1700
1675
1650
300
400
500
600
700
800
900
1000
1100
STROKES

MILBAR
HYDRO-TEST INCORPORATED
Box 7701 • Shreveport, Louisiana 71107 • Phone 318/227-8210

HYDROSTATIC TESTING
STROKE/PRESSURE DATA SHEET

TEST SEGMENT 1 STATION _____ TO _____ DATE 4/6/84

BEGIN TIME 2:05 P.M. PRESSURE 1857 PRESSURE UNIT NO. PT 402

END TIME 2:33 PRESSURE 1857

PRESSURE	STROKES	PRESSURE	STROKES	PRESSURE	STROKES
1857	1147	1620	77		
50	1108	10	46		
40	1071	1600	0		
30	1017				
20	983				
10	927				
1800	897	47.2 STKS/10#			
90	836	4.72 STKS/#			
80	807				
70	748				
60	717				
50	657				
40	623				
30	584				
20	525				
10	491				
1700	425	42.5 STK/10#			
90	398	4.25 STK/#			
80	329				
70	299				
60	273				897
2:10 PM 50	219			4#	425
3 ALGERA	176				472
2N GAR 1630	136				

PEMEX _____

CONTRACTOR _____ MILBAR HYDRO-TEST, INC. _____

CHANDLER ENGINEERING COMPANY

7707 EAST 38th STREET • TULSA, OKLAHOMA 74145 • CABLE ADDRESS — CHANDLER TULSA

MANUFACTURERS OF PHYSICAL PROPERTY MEASURING INSTRUMENTS

DEAD WEIGHT CALIBRATION CERTIFICATE

DATE January 10, 1983

TYPE Foreign Dead Weight

FOR Milbar Hydro-Test, Inc.

RANGE 50 - 3000 PSIG

ADDRESS Shreveport, Louisiana

SERIAL NUMBER 7222

CUSTOMER EQUIPMENT #

PISTON AREA 0.12299 Sq. In.

CUSTOMER ORDER # 10989

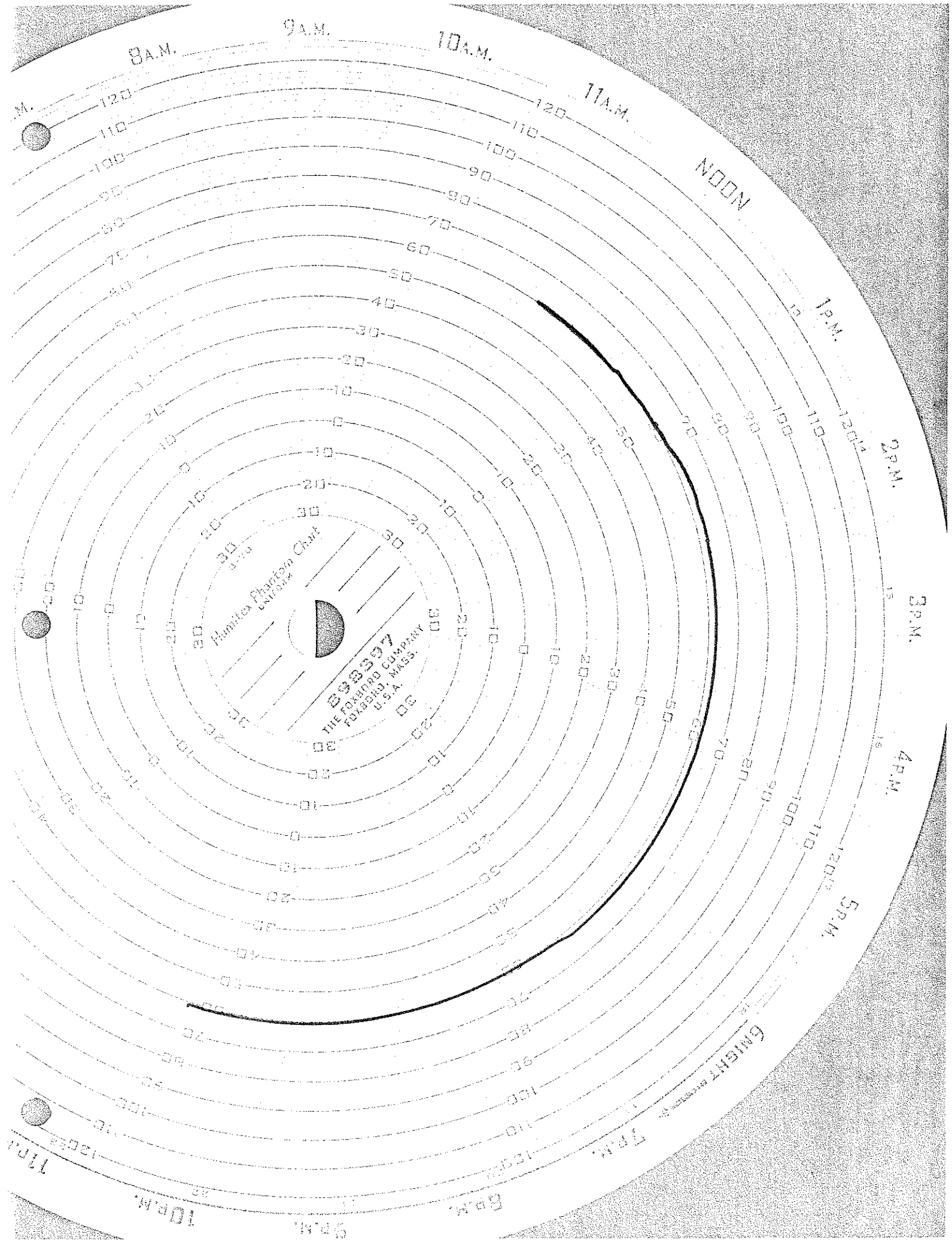
PRESSURE STANDARDS REFERENCED TO P-7223 CALIBRATED BY BUREAU OF STANDARDS (NATIONAL BUREAU OF STANDARDS FILE 221.07/2210607)

Indicated PSI	Actual Weight Grams	Theoretical Weight Grams	Actual PSI **
500 A	2790.4	2789.3	500.20
500 B	2789.9	"	500.11
500 C	2789.6	"	500.05
500 D	2789.8	"	500.09
500 E	2788.9	"	499.93
100 A	558.16	557.86	100.05
100 B	558.14	"	100.05
100 C	558.20	"	100.06
100 D	558.22	"	100.06
50	279.07	278.93	50.025
10 A	55.812	55.786	10.005
10 B	55.775	"	9.9980
10 C	55.821	"	10.006
10 D	55.775	"	9.9980
5	27.908	27.893	5.0027
2 A	11.165	11.157	2.0014
2 B	11.163	"	2.0010
1	5.582	5.579	1.0006
Piston & Table (50)	279.11	278.93	50.032

*Based on Standard Gravity @ 25°C (77°F)

FORM 5010
2-18-72

ATTESTED BY [redacted]
S.S. ROBERT H. BAYLESS


8A.M.
9A.M.
10A.M.
11A.M.
NOON
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
6P.M.
7P.M.
8P.M.
9P.M.
10P.M.
11P.M.
Humidex Phantom Chart
UNIFORM
89337
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

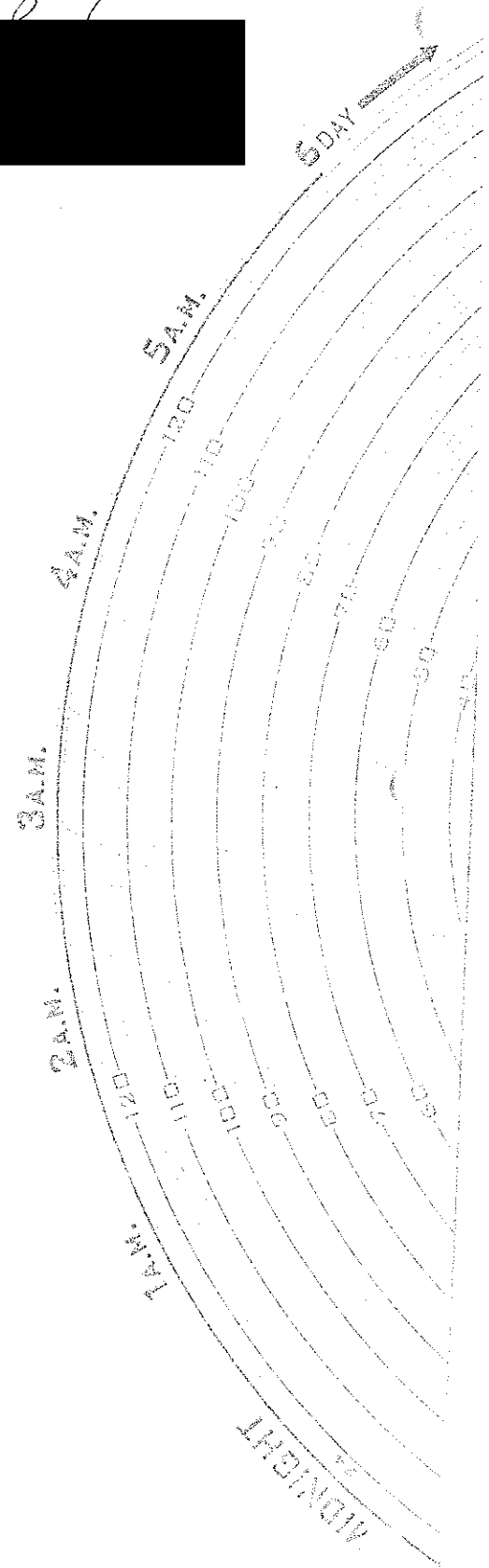
5-6-84

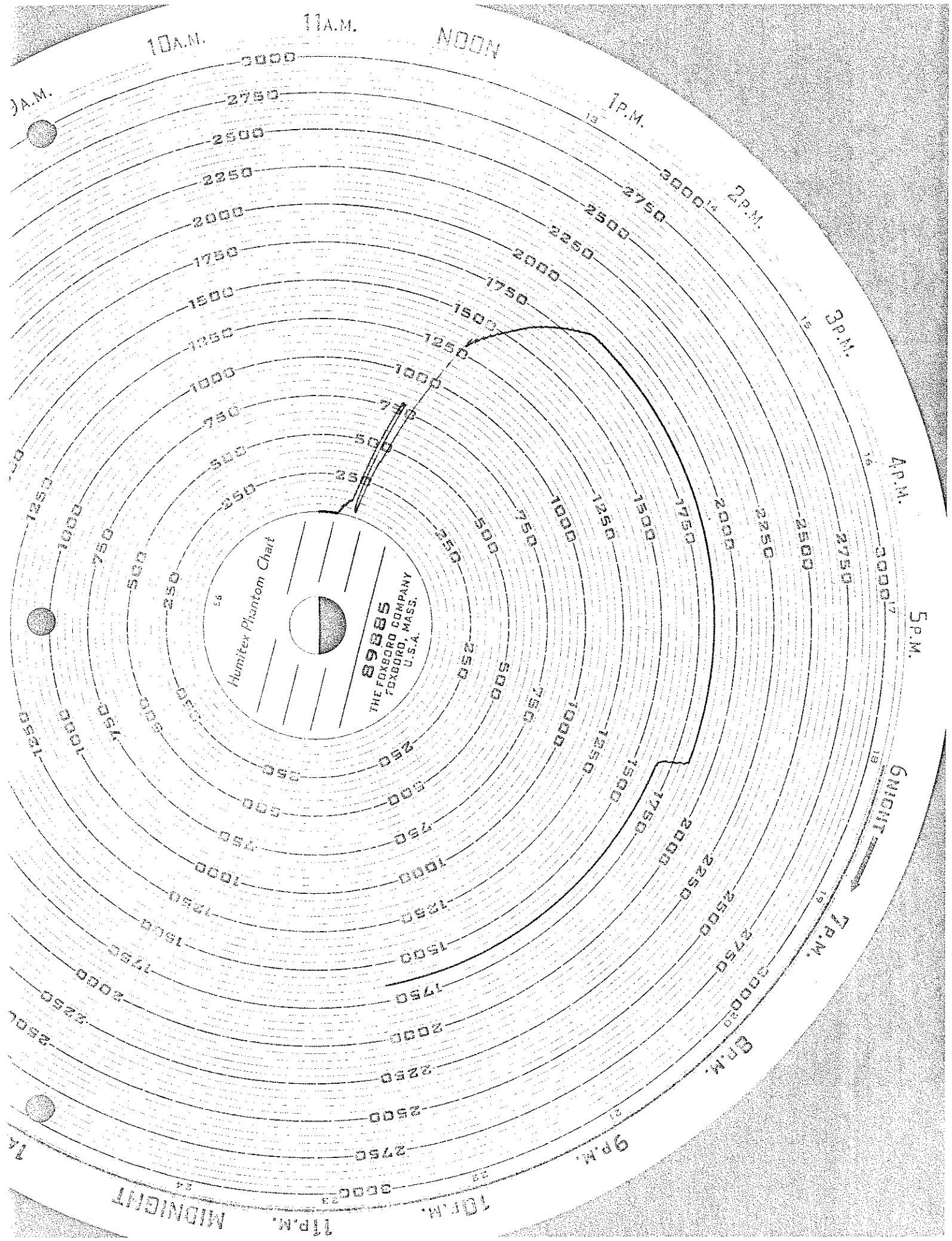
[redacted]

DIXIE PIPELINE COMPANY

HYDROSTATIC TEST CHART RECORD

1. DESCRIPTION OF FACILITY TESTED HATTIESBURG TO CARMICHAEL
   MP 19399+94 TO MP 22467+00
2. DATE & TIME OF TEST 5-6-84, 15:00 to 23:00
3. MINIMUM TEST PRESSURE 1854 AND 1649
4. TEST MEDIUM WATER
5. DIXIE REPRESENTATIVE [redacted]
6. EXPLAIN ANY PRESSURE DISCONTINUITIES:




9A.M.
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6P.M.
7P.M.
8P.M.
9P.M.
10P.M.
11P.M.
MIDNIGHT
Humitex Phantom Chart
89085
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

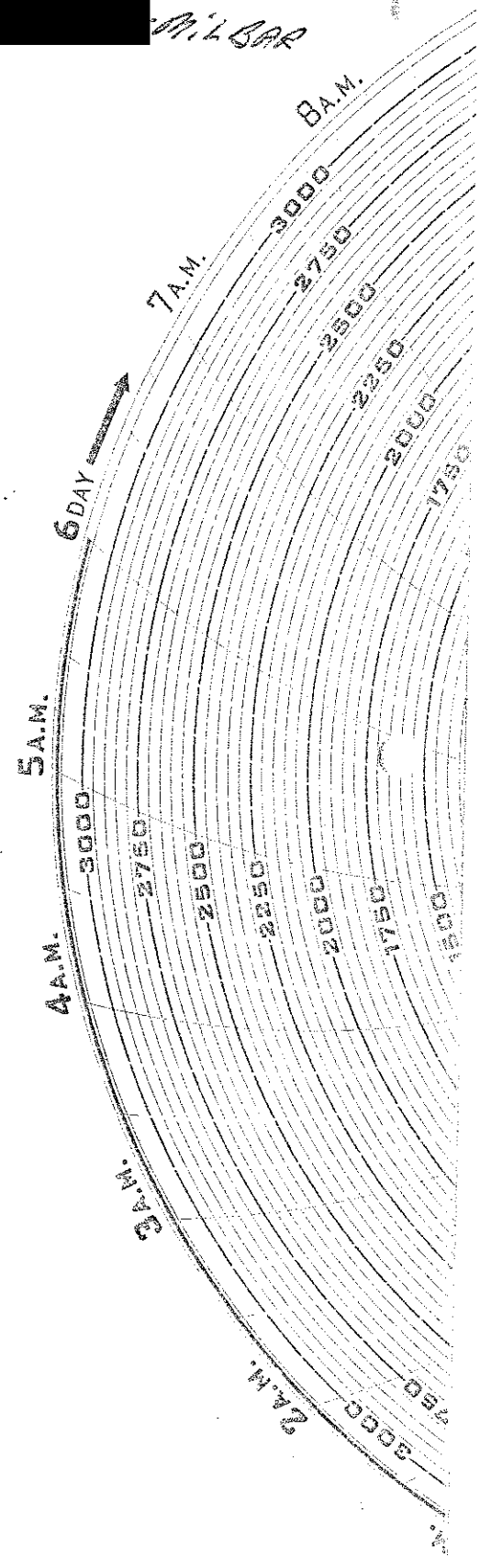
5-6-84

[redacted] MILBAR

DIXIE PIPELINE COMPANY
HYDROSTATIC TEST CHART RECORD

1 DESCRIPTION OF FACILITY TESTED HATTIESBURG TO CARMICHAEL
MP 19399+94 TO MP 22467+00
2. DATE & TIME OF TEST 5-6-84, 15:00 to 23:00
3. MINIMUM TEST PRESSURE 1854 AND 1649
4. TEST MEDIUM WATER
5. DIXIE REPRESENTATIVE [redacted]
6. EXPLAIN ANY PRESSURE D[redacted]NTINUITIES:
BLED OFF PRESSURE @ 19:01

TEST STATION @ HATTIESBURG



HYDROSTATIC TEST FAILURES

Section Tested: Hattiesburg to Carmichael

@ PA w/ P

NO.	DATE	TIME	LINE	MP-STA.	PRESSURE	TYPE	REMARKS
1	4-26-84	1219		400.20	1830	Split	
2	4-27-84	1133		411.24	1852	Split	
3	4-27-84	0146		409.53	1830	Split	
4	4-28-84	1801		399.08	1710	Split	
5	4-29-84	1605		399.76	1857	Split	
6	4-29-84	0425		384.88	1857	Split	
7	4-30-84	2010		367.42	1842	Seep	
8	5-01-84	1800		372.09	1857	Seep	

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 1

DATE 4/26/84 TIME 1219 LINE Dixie 12"

LOCATION M.P. 400.20; INV. #21130+60 - T.8N. - R. 9W. - Section 12

PRESSURE AT RECORDER, PSIG 1830 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1781

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 7'7"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. .250 MFG. American Steel GRADE X52

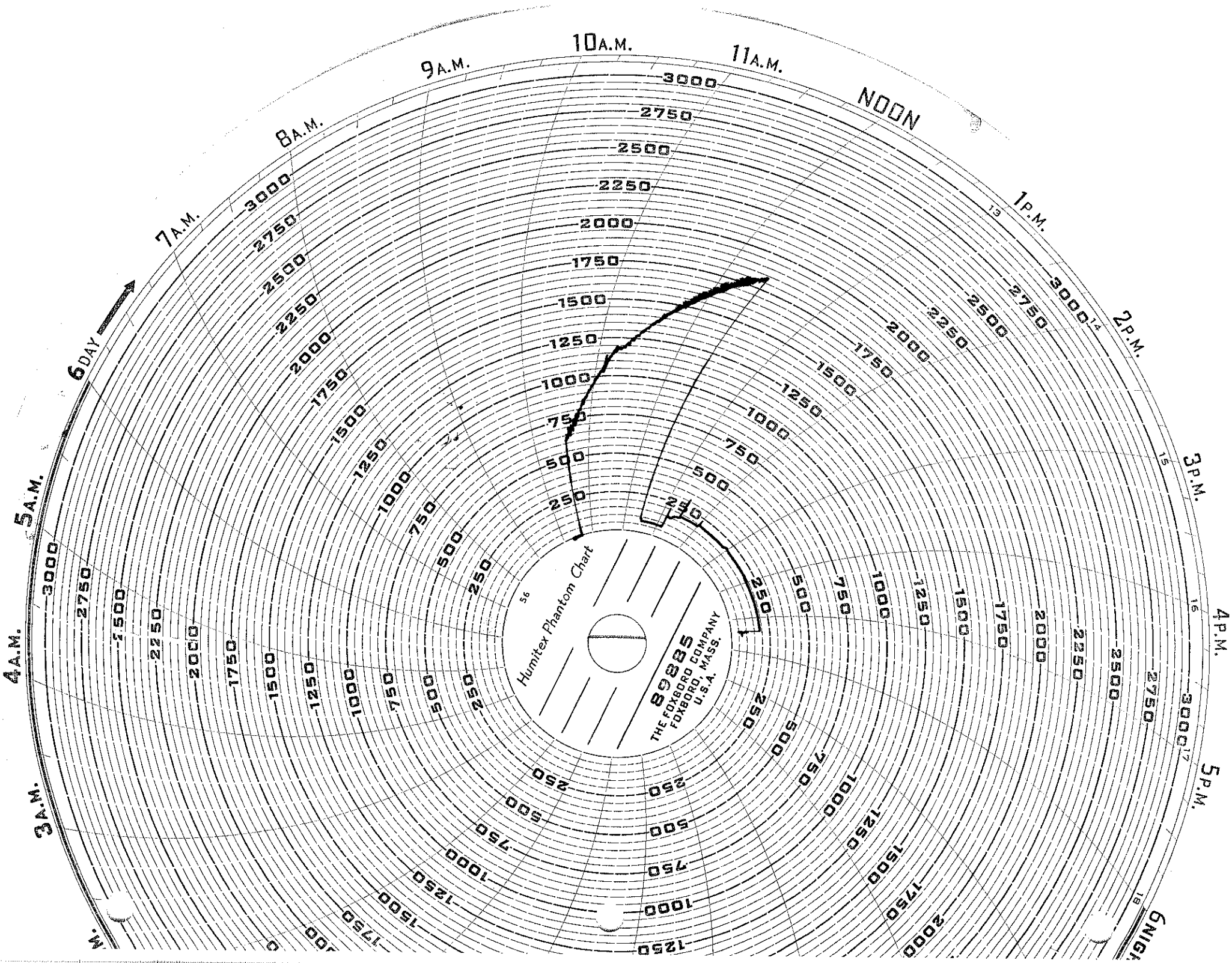
LENGTH 50' DATE REPAIRED 4/26/84

REMARKS:

New Joint 40' West End

Pup Joint 10' East End

FORM 10501-N 2-78


10A.M.
11A.M.
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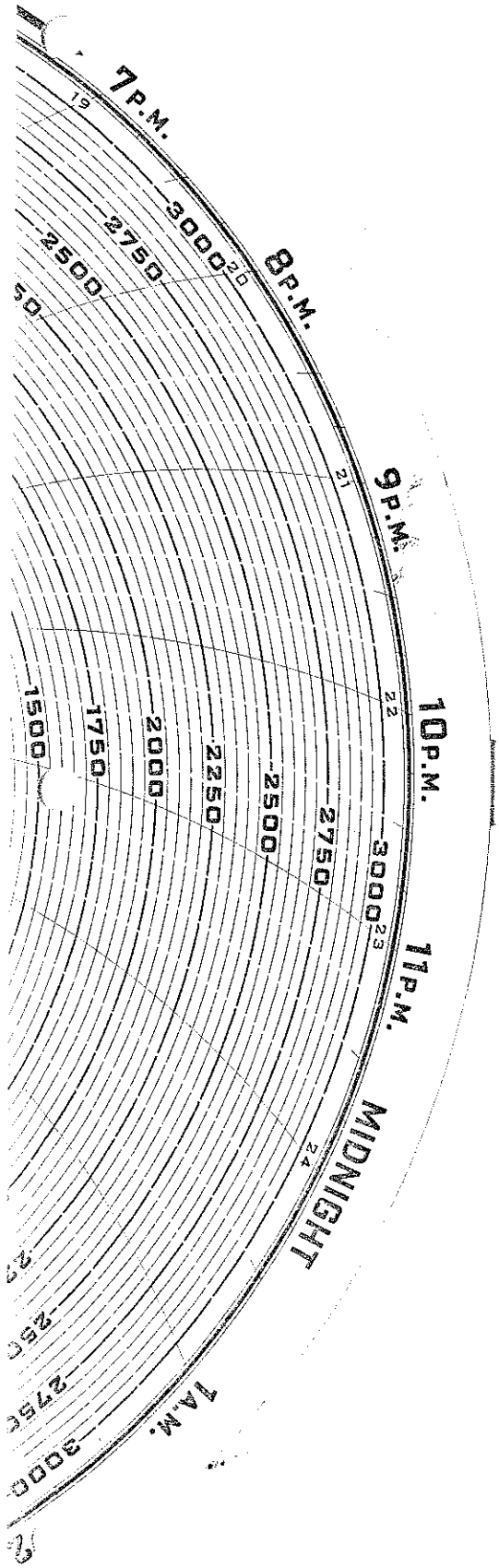
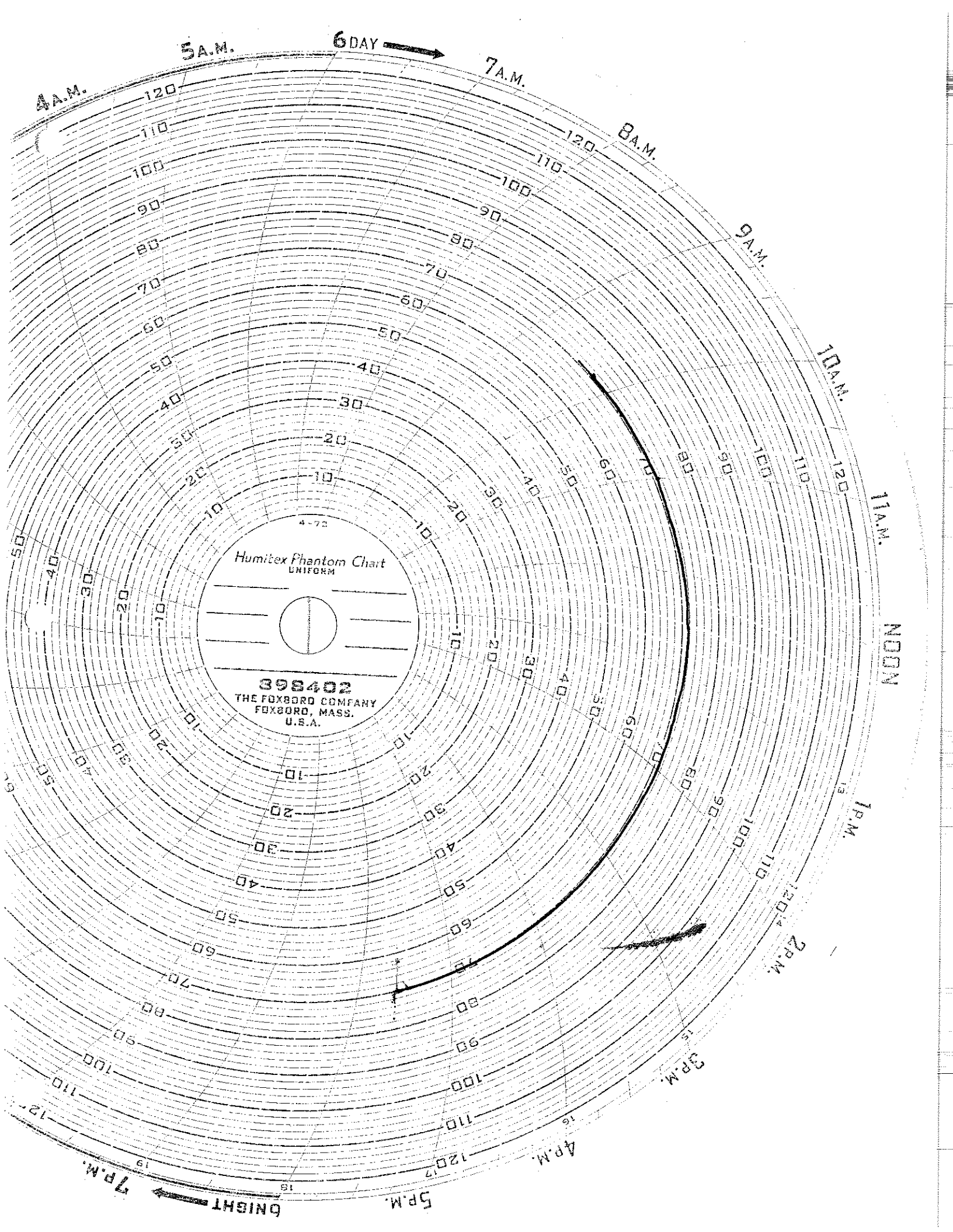
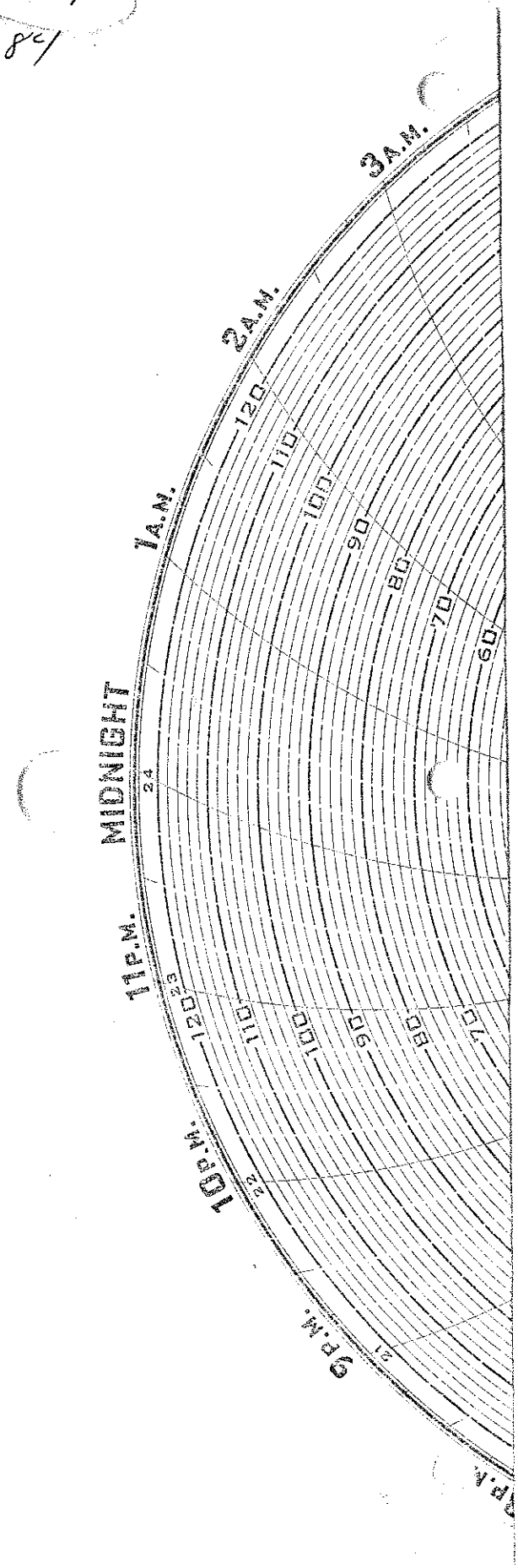
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
6NIGHT
9A.M.
8A.M.
7A.M.
6DAY
5A.M.
4A.M.
3A.M.
Humitex Phantom Chart
89285
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

Break # 1
4-26-84




4 A.M.
5 A.M.
6 DAY
7 A.M.
8 A.M.
9 A.M.
10 A.M.
11 A.M.
NOON
1 P.M.
2 P.M.
3 P.M.
4 P.M.
5 P.M.
NIGHT
7 P.M.
4-72
Humitex Phantom Chart
UNIFORM
398402
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

Brenk #1
4-26-84



MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12" Propane

Section Tested: From: Hattisburg Sta. To: Carmichael Sta.

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade X52 Manufacturer: _____

Pressure Unit No.: 51 Gallons per Stroke: 2.4 Fill Unit No.: LH-29 & 41 FP-1422 1426

Pressure Unit Location: Hattisburg Sta. Water Source: Leaf River

Time and Date Test Started: AM PM 4-26-84 Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking _____ Section Ruptured ✓ #1

DEADWEIGHT RECORDED READING (PSIG)

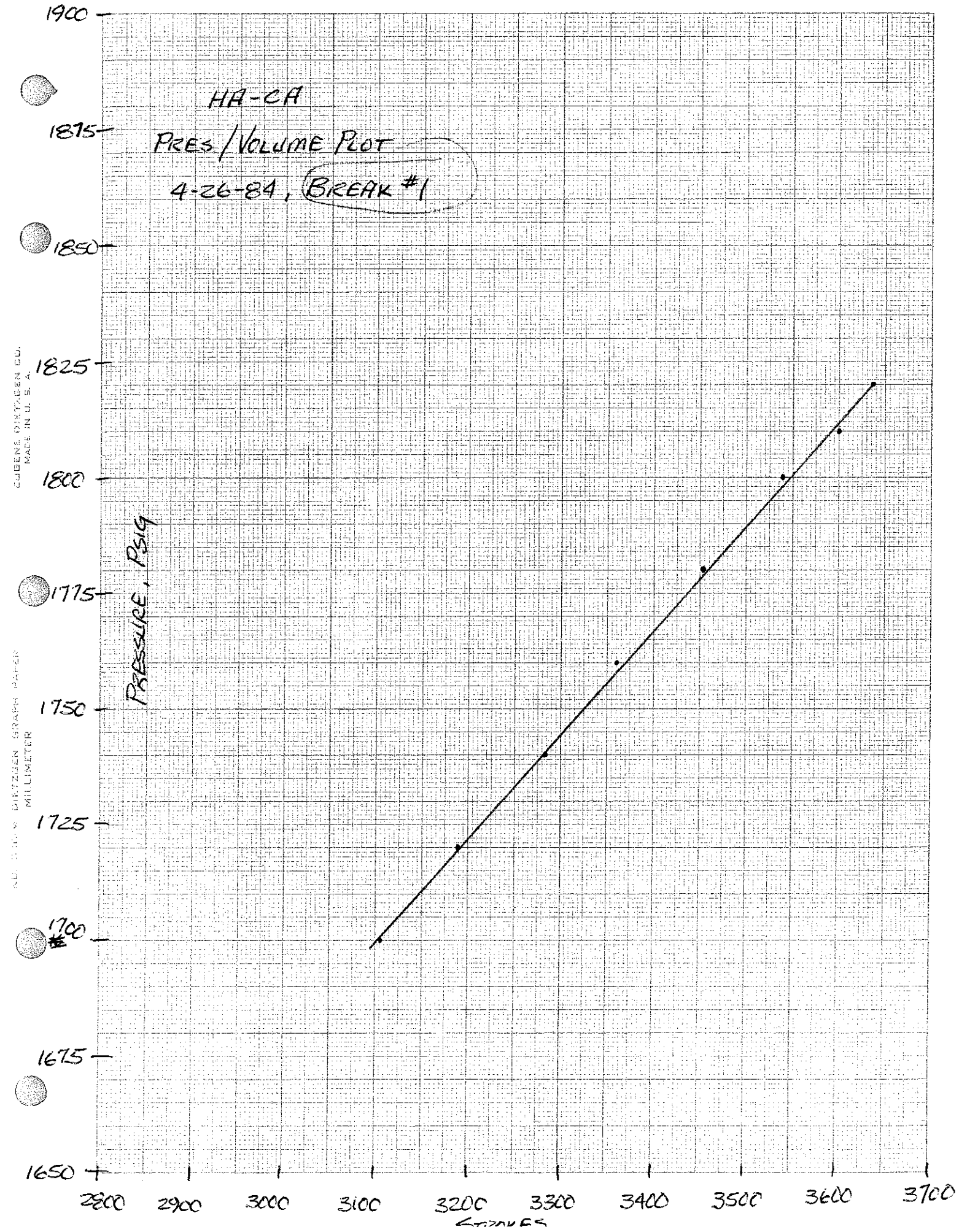
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
Date: 4-26-84								
10:30 AM	625	78°	AM PM			AM PM		
12:18 P.M.	1830	78°						

Strokes per 10 psi: 44 Remarks: 12:18 P.M. Ruptured @ 1830 P.S.I.

Milbar Supt. [redacted] Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. 7222


HA-CA
PRES./VOLUME PLOT
4-26-84, BREAK #1
PRESSURE, PSIG
1900
1875
1850
1825
1800
1775
1750
1725
1700
1675
1650
2800
2900
3000
3100
3200
3300
3400
3500
3600
3700
GRAMS

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.	FROM 2 1 1 3 0 + 3 5	COL. 1 INSPECTION ___	TECH. SERVICES DEPT. (1)
4	26	84	34	571	TO 2 1 1 3 0 + 8 5	COL. 2 REPAIR X	CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR ~~PARISH~~ XXXXX: Wayne

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

ZIP

COL. 12: 1 X FIELD; 2 ___ TRUNK; 3 ___ STATION

COL. 13 LINE NO.: 82300

COL. 14-15 SIZE: 12 Inch

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnels, Zachary, LA ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
		12	8N.	9W.	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane NAME	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:
7' 7" Split in Seam During Hydrostatic Test. Replaced with 50' of .250 W.T. X52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. X LOAM
2. X SAND
3. ___ SHALE
4. ___ CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. ___ PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
NONE		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE
12' X 112' Ditch on Row; Rutted Road. No Cost.

REMARKS

FOREMAN IN CHARGE REPAIRS: [redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33	COL. 34-35	COL. 36-37
MONTH	DAY	YEAR
0 5	1 4	8 4

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

RATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital	Name and address of Hospital	Telephone No.
☐ ☐		

PROPERTY DAMAGE

Owner's Name and Address	Telephone No.
[redacted]	

Tenant's Name and Address	Telephone No.

Nature and extent of damage Dug a 12' x 112' Ditch on Row. Used Landowners Road for Loading and Unloading Equipment. (Sowed Seed, Fertilizer & Dressed Up) (No Cost)

THE ACCIDENT

Date of accident or ~~construction~~	Charge	Estimated Cost of Replacement or repair
4/26 1984. Hour 1219 AM ☐ PM ☐	DX-6969	$ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M.P. 400.20; INV. #21130 + 60	Wayne, Tract 68

What work or business was being done there

Hydrostatic Testing - Repairing Leak

Nature and cause of accident or construction (Describe fully)

7'7" Split in Seam
Replaced with 50' of .250 W.T. X 52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage	Telephone No.

Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts	P. O. Drawer 968, Lexington, SC 29520	803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6, 19 84	

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 2

DATE 4/27/84 TIME 1133 LINE Dixie 12"

LOCATION M.P. 411.24; INV # 21713+41: T.9N - R. 7W Section 5

PRESSURE AT RECORDER, PSIG 1852 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1790

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 7'11"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. .250 MFG. American Steel GRADE X52

LENGTH 63'0" DATE REPAIRED 4/27/84

REMARKS:

West End Weld Complete 1953

East End Weld Complete 2128

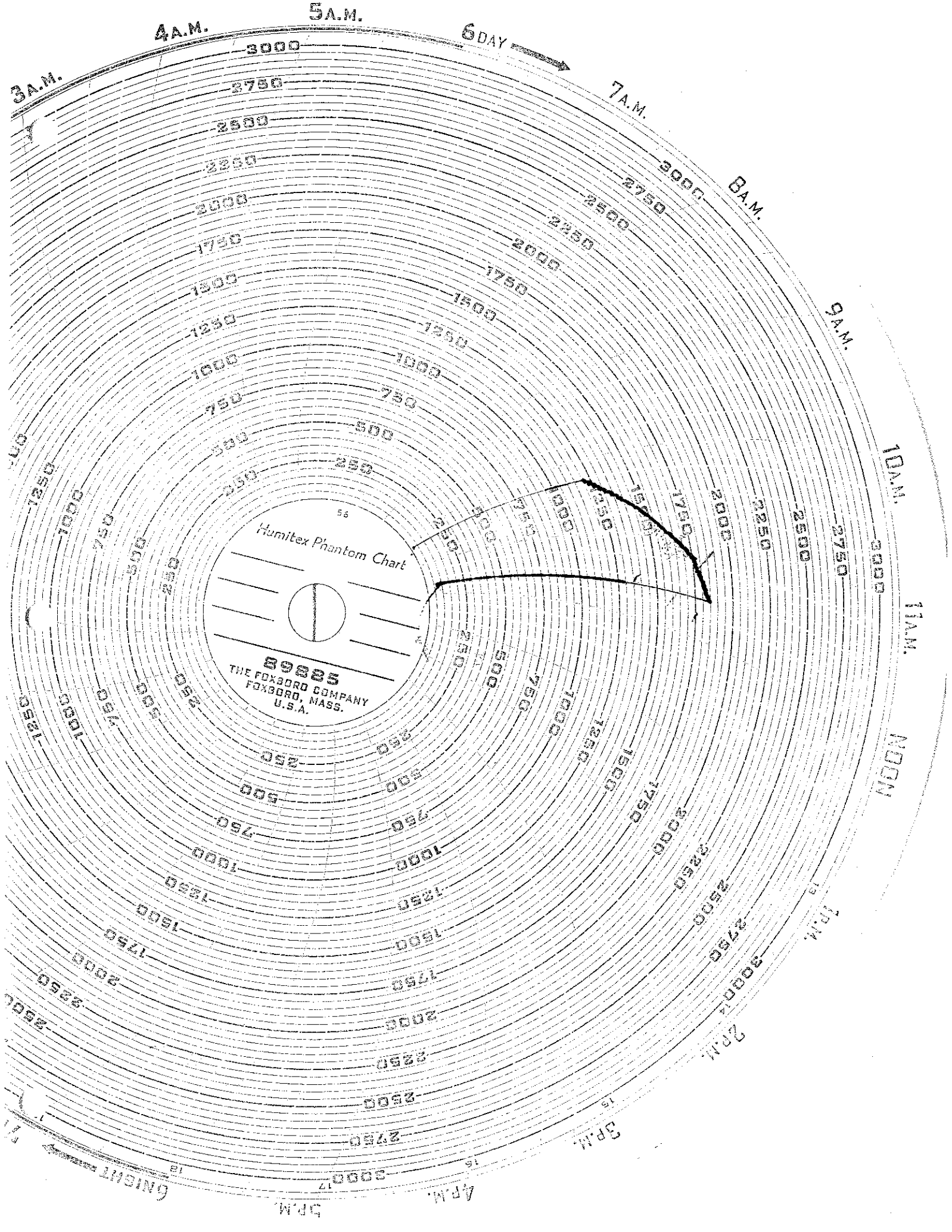
Blow Out Weld To Weld 58.85'

New Joint 40' West End

Pup Joint 23' East End

East End Cut 3'10" From Existing Weld

FORM 10501—N 2—78


3A.M.
4A.M.
5A.M.
6DAY
7A.M.
8A.M.
9A.M.
10A.M.
11A.M.
NOON
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
6NIGHT
Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

2nd

4-27-8

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg Sta To: Carmichael Sta

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade X52 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: LN-298 41 FR 3281 1436

Pressure Unit Location: Hattisburg Sta Water Source: Leaf River

Time and Date Test Started: AM PM 4-27-84 Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking _____ Section Ruptured ✓

#2

DEADWEIGHT RECORDED READING (PSIG)

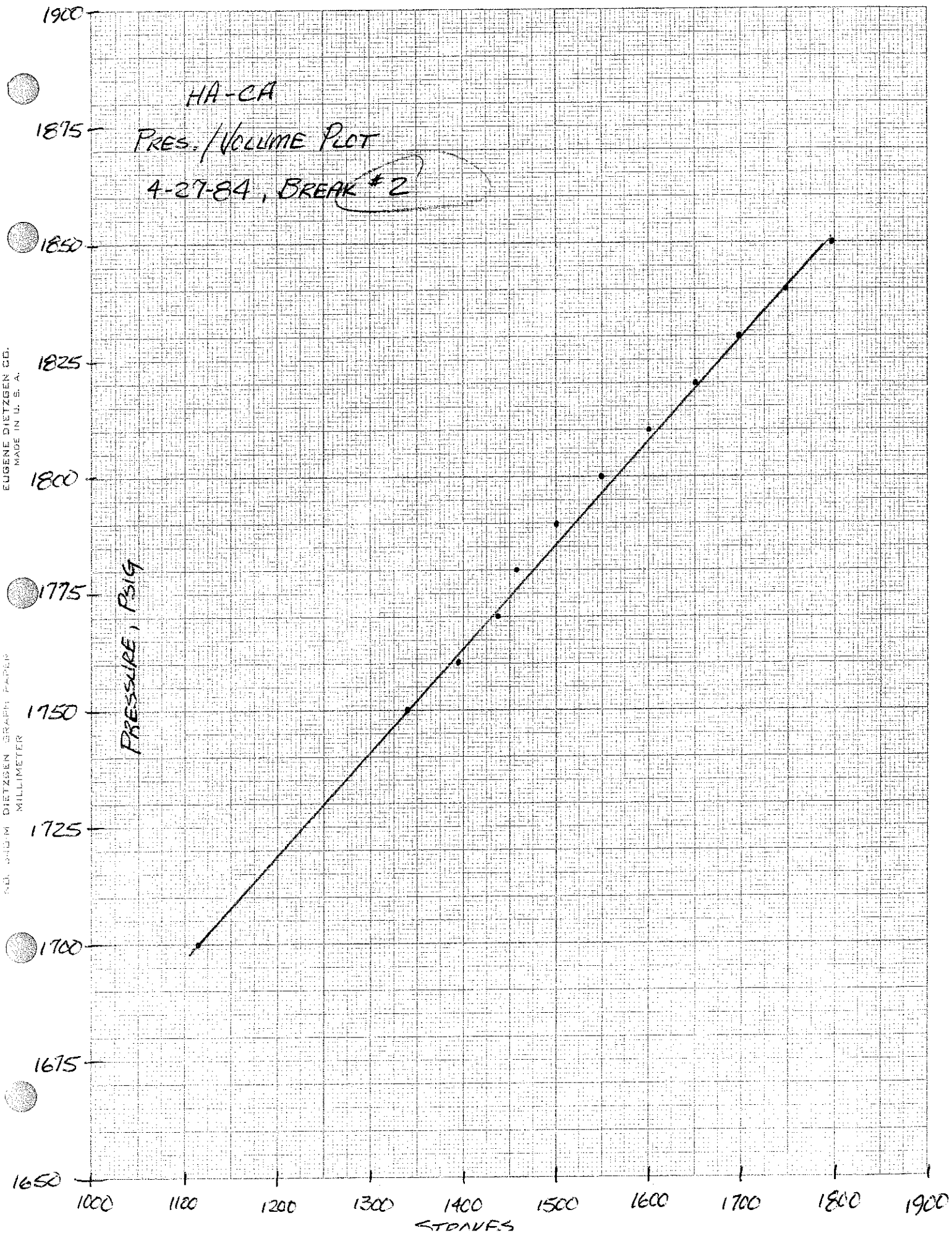
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
Date: 4-27-84								
10:15 AM PM	1250	70°	AM PM			AM PM		
11:38	1852							

Strokes per 10 psi: _____ Remarks: 11:33 AM. Ruptured

Milbar Supt. [redacted] Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. 7222


HA-CA
PRES./VOLUME PLOT
4-27-84, BREAK #2
PRESSURE, PSIG
1900
1875
1850
1825
1800
1775
1750
1725
1700
1675
1650
1000
1100
1200
1300
1400
1500
1600
1700
1800
1900
STROKES
EUGENE DIETZGEN CO.
MADE IN U. S. A.
DIETZGEN GRAPH PAPER
MILLIMETER

Original & 1 copy to Region Office
PT, RE & C

City
Copies
From

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person: None | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address | Telephone No.
[redacted]

Tenant's Name and Address: None | Telephone No.

Nature and extent of damage: Ditch 12' X 138'; Damaged trees in heavily wooded area. (Dressed ditch and sowed grass seed and fertilizer).

THE ACCIDENT

Date of ~~XXXXX~~ or construction: 4/27 19 84 Hour 1133 AM ☐ PM ☐ | Charge | Estimated Cost of Replacement or repair $ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): M.P. 411.24; Inv. #21713 + 41 | County and/or Company Property No.: Wayne Co., Tract 27

What work or business was being done there: Hydrostatic Testing - Repairing Leak

Nature and cause of accident or ~~XXXXXXXX~~ (Describe fully)
7'11" Split in the seam during testing.
Replaced with 63'0" of .250 W.T. X52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts	P. O. Drawer 968, Lexington, SC 29520	803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6, 1984	

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 3

DATE 4/27/84 TIME 0146 LINE Dixie 12"

LOCATION M.P. 409.53; INV #21623+41: T.9N. - R.7W. - Section 7

PRESSURE AT RECORDER, PSIG 1830 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1790

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 14'7"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. .250 MFG. American Steel GRADE X52

LENGTH 39'8½" DATE REPAIRED 4/28/84

REMARKS:

1. West End Weld Complete 1352

   East End Weld Complete 1254

2. West End Repair Weld Complete 1510

FORM 10501—N 2—78

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.			
4	27	84	34	571	FROM 2 1 7 1 3 + 1 0 TO 2 1 7 1 3 + 7 3	COL. 1 INSPECTION ___ COL. 2 REPAIR X	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR ~~PARISH~~: Wayne

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted]

COL. 12: 1. X FIELD; 2. ___ TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12 Inch

TENANTS NAME AND ADDRESS: -0- ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnels, Zachary, LA ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
	SE/4	5	9N.	7W.	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane NAME	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

- [X] 1. PIPE
- [ ] 2. VALVE
- [ ] 3. FITTING
- [ ] 4. PUMP
- [ ] 5. CLOSURE
- [ ] 6. OTHER

DETAILED DESCRIPTION:
7 11" Split in Seam

Replaced with 63'0" of

.250 W.T. X52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. ___ SAND
3. ___ SHALE
4. X CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. ___ PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

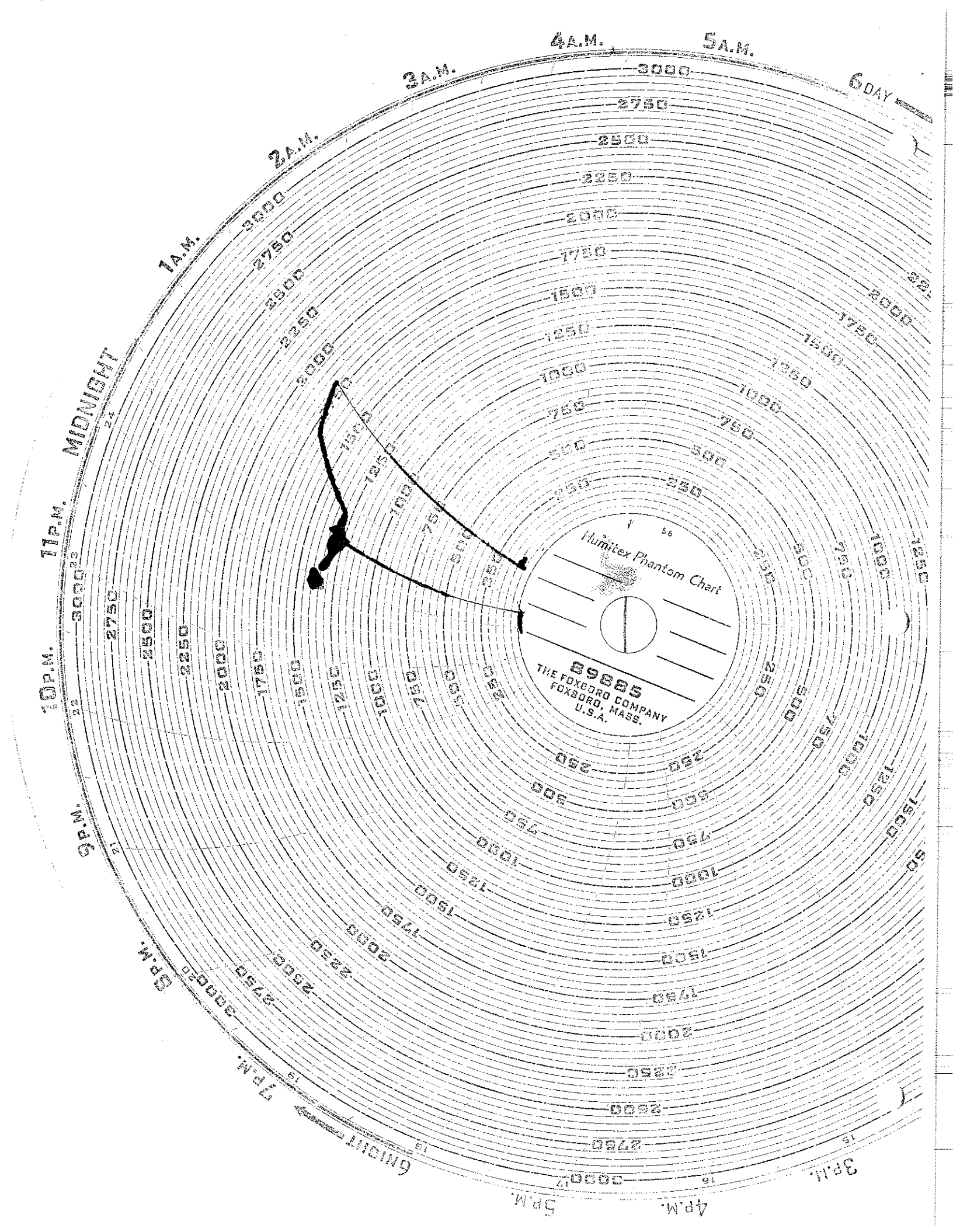
Damage was on Lamar Grahams Private Drive. 2 Truck Loads of Asphalt, 1 Dozer. No Cost.

REMARKS

FOREMAN IN CHARGE REPAIRS: [redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33	COL. 34-35	COL. 36-37
MONTH 0 5	DAY 1 4	YEAR 8 4


Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
MIDNIGHT
1A.M.
2A.M.
3A.M.
4A.M.
5A.M.
6DAY
7A.M.
8A.M.
9A.M.
10A.M.
11A.M.
MIDNIGHT
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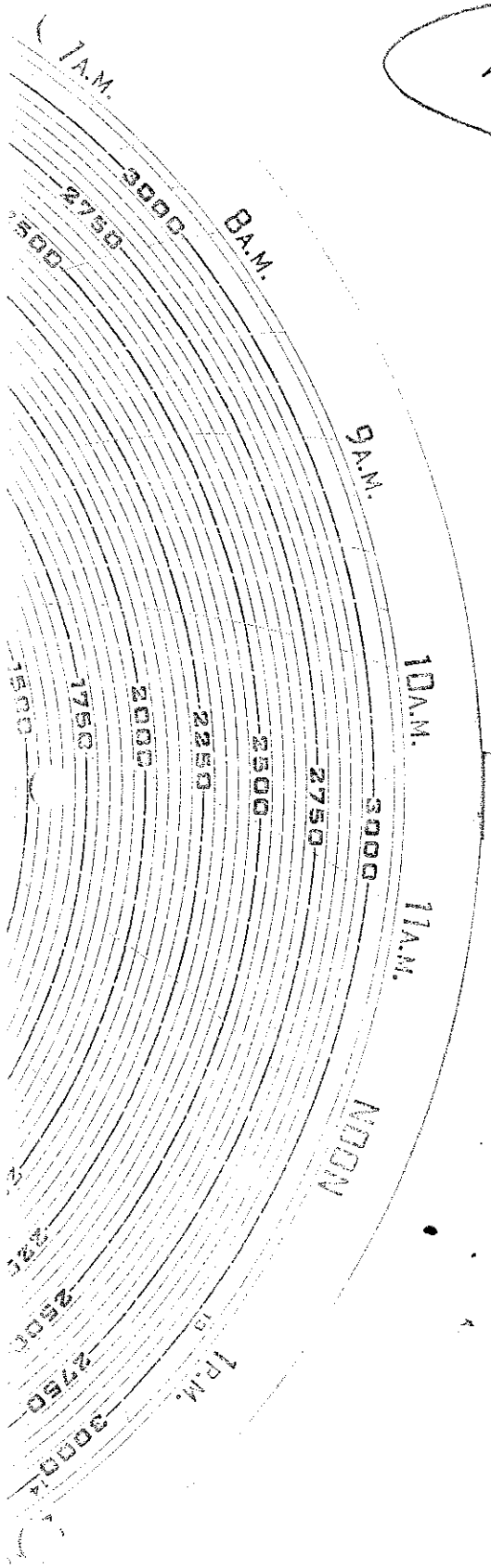
#3 4-28-84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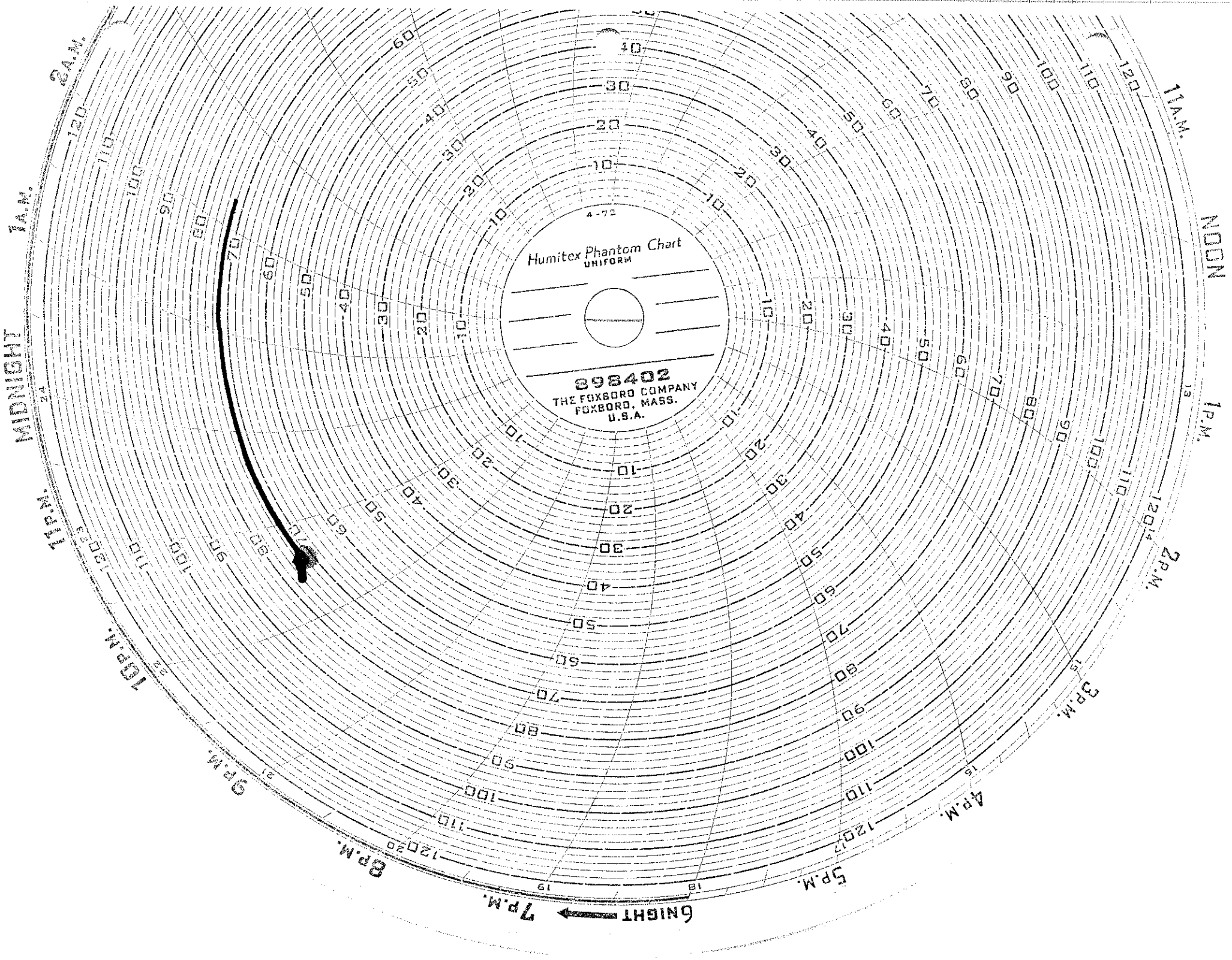
Humitex Phantom Chart
UNIFORM
4-72
898402
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
MIDNIGHT
1A.M.
2A.M.
3A.M.
4A.M.
5A.M.
6A.M.
7A.M.
8A.M.
9A.M.
10A.M.
11A.M.
NOON
1P.M.
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3P.M.
4P.M.
5P.M.
6P.M.
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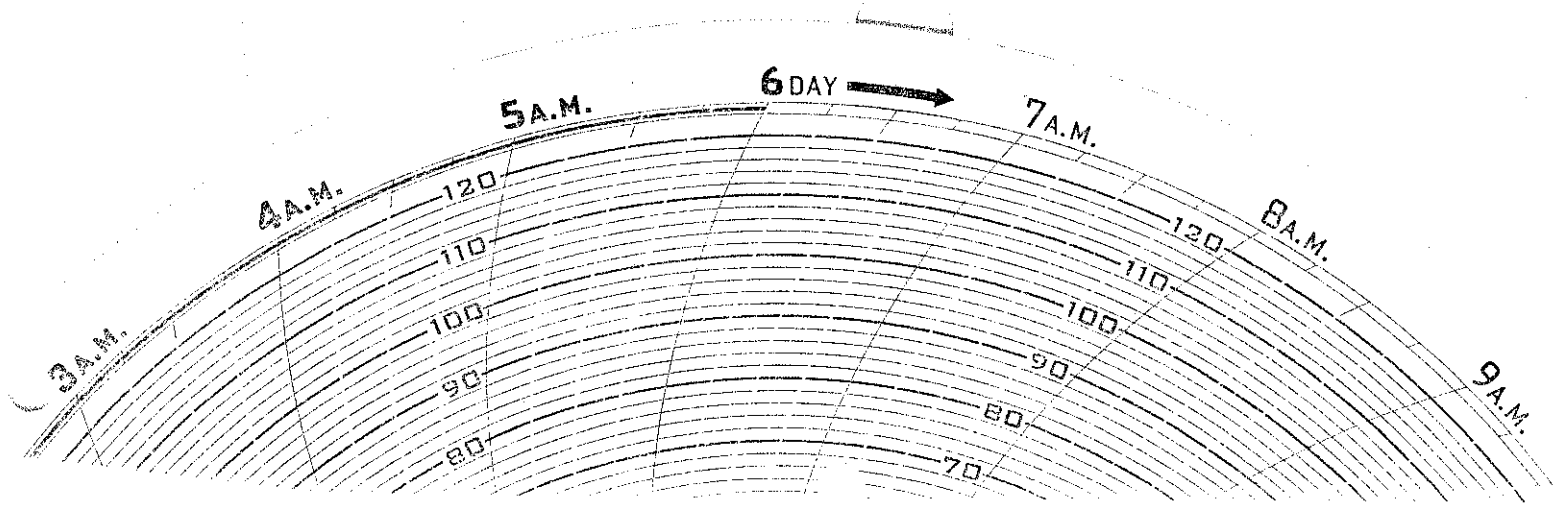
MIDNIGHT

#3

4-27 to 4-28-84



MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg Stn To: Carmichael Stn

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade 52 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: LH-29641 FP-1, 22 1, 26

Pressure Unit Location: Hattisburg Stn Water Source: Leaf River

Time and Date Test Started: _____ AM PM Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: _____ AM PM Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking _____ Section Ruptured ✓

#3

DEADWEIGHT RECORDED READING (PSIG)

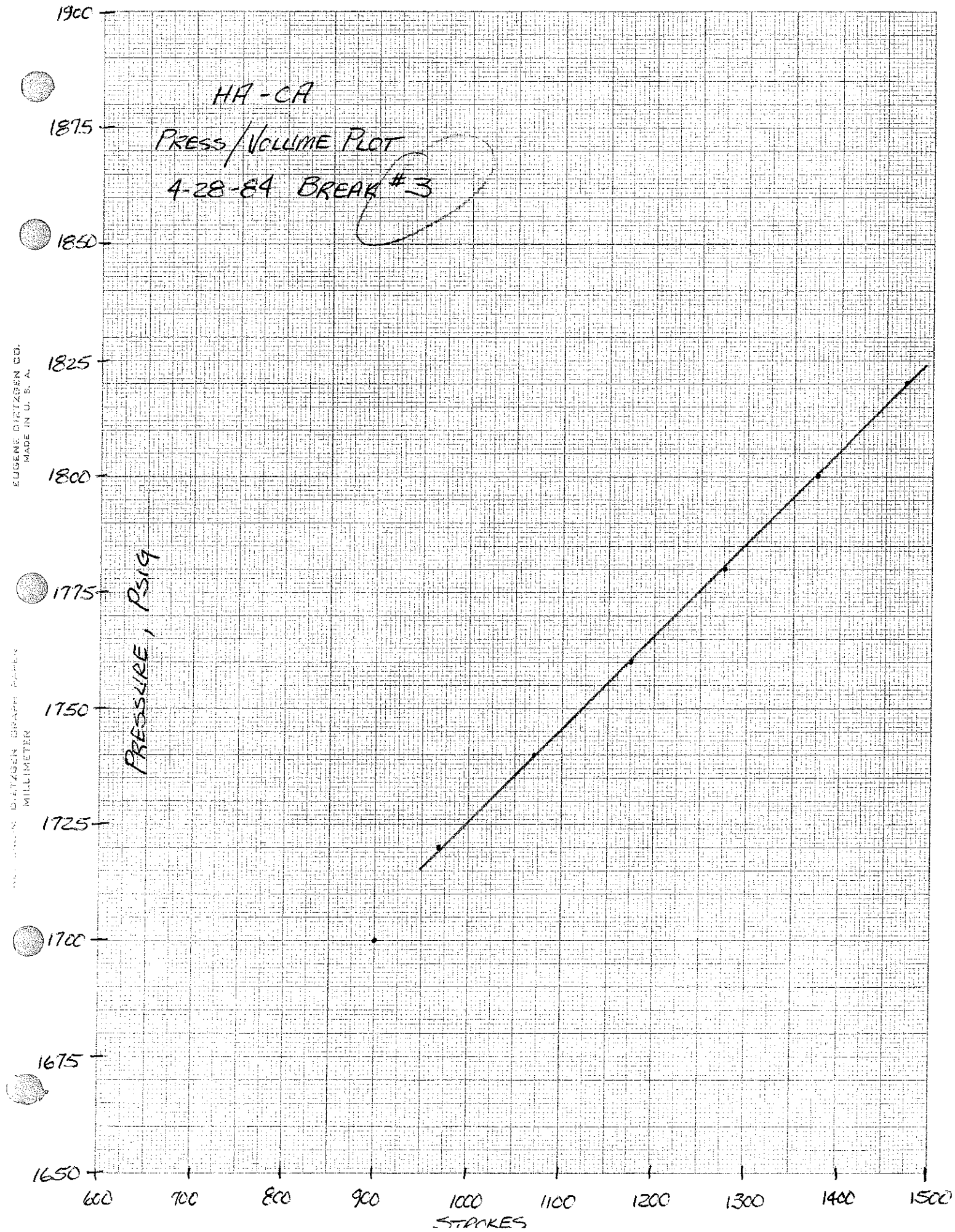
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
Date: 4-28-84								
12:48 AM ~~PM~~	1276	65°	AM PM			AM PM		
1:45	1830 Blew							

Strokes per 10 psi: _____ Remarks: _____

Milbar Supt. _____ Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. _____


HA-CA
PRESS/VOLUME PLOT
4-28-84 BREAK #3
PRESSURE, PSIG
1900
1875
1850
1825
1800
1775
1750
1725
1700
1675
1650
600
700
800
900
1000
1100
1200
1300
1400
1500
STROKES
EUGENE DIETZGEN CO.
MADE IN U. S. A.
DIETZGEN GRAPH PAPER
MILLIMETER

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.			
4	27	84	34	571	FROM 2 1 6 2 3 + 2 1 TO 2 1 6 2 3 + 6 1	COL. 1 INSPECTION ___ COL. 2 REPAIR X	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR ~~PARISH~~: Wayne

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1. X FIELD; 2. ___ TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

TENANTS NAME AND ADDRESS: ZIP

COL. 14-15 SIZE: 12 Inch

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnells, Zachary, LA ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
	SE/4	7	9N.	7W.	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane NAME	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

- [X] 1. PIPE
- [ ] 2. VALVE
- [ ] 3. FITTING
- [ ] 4. PUMP
- [ ] 5. CLOSURE
- [ ] 6. OTHER

DETAILED DESCRIPTION:
14'7" Split in the Seam

Replaced with 39'8½" of

.250 W.T. X 52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. ___ SAND
3. ___ SHALE
4. ___ CLAY
5. X MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. ___ PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE
12' X 105' Ditch - No Cost

REMARKS

FOREMAN IN CHARGE REPAIRS [redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33	COL. 34-35	COL. 36-37
MONTH 0 5	DAY 1 4	YEAR 8 4

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT — PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

RATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital ☐ ☐	Name and address of Hospital	Telephone No.

PROPERTY DAMAGE

Owner's Name and Address	Telephone No.
[redacted]	

Tenant's Name and Address	Telephone No.

Nature and extent of damage 12' x 105' Ditch; Used old logging road. No other damage.

THE ACCIDENT

Date of accident or construction	Charge	Estimated Cost of Replacement or repair
4/27 1984. Hour 0146 AM ☐ PM ☐	DX-6969	$ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M.P. 409.53; Inv. #21623 + 41	Wayne, Tract 29

What work or business was being done there

Hydrostatic Testing - Repairing Leak

Nature and cause of accident or construction (Describe fully)

14'7" Split in the Seam.
Replaced with 39'8½" of .250 W.T. X52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage	Telephone No.

Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts	P. O. Drawer 968, Lexington, SC 29520	803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6, 1984	

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 4

DATE 4/28/84 TIME 1801 LINE Dixie 12"

LOCATION M.P. 399.08; INV #21071+23 - T.8N. - R.9W. - Section 13

PRESSURE AT RECORDER, PSIG 1710 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1698

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 8'8"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. .250 MFG. American Steel GRADE X52

LENGTH 61'10" DATE REPAIRED 4/29/84

REMARKS:

West End Weld Complete @ 1145 = 30 Min.

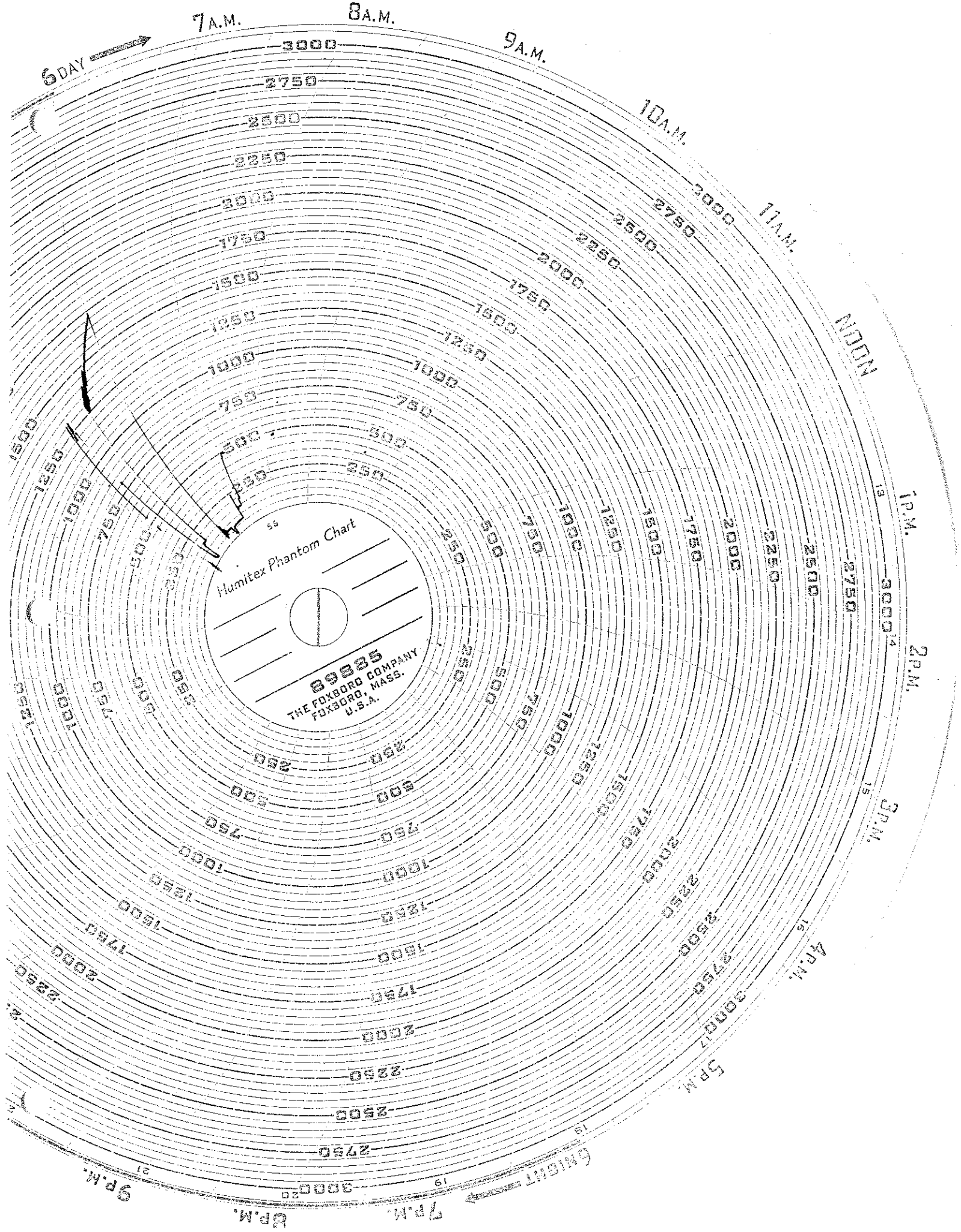
East End Weld Complete @ 1225 = 25 Min.

Blow Out Weld To Weld 59'7½"

New Pipe 40' East End

21'10" West End

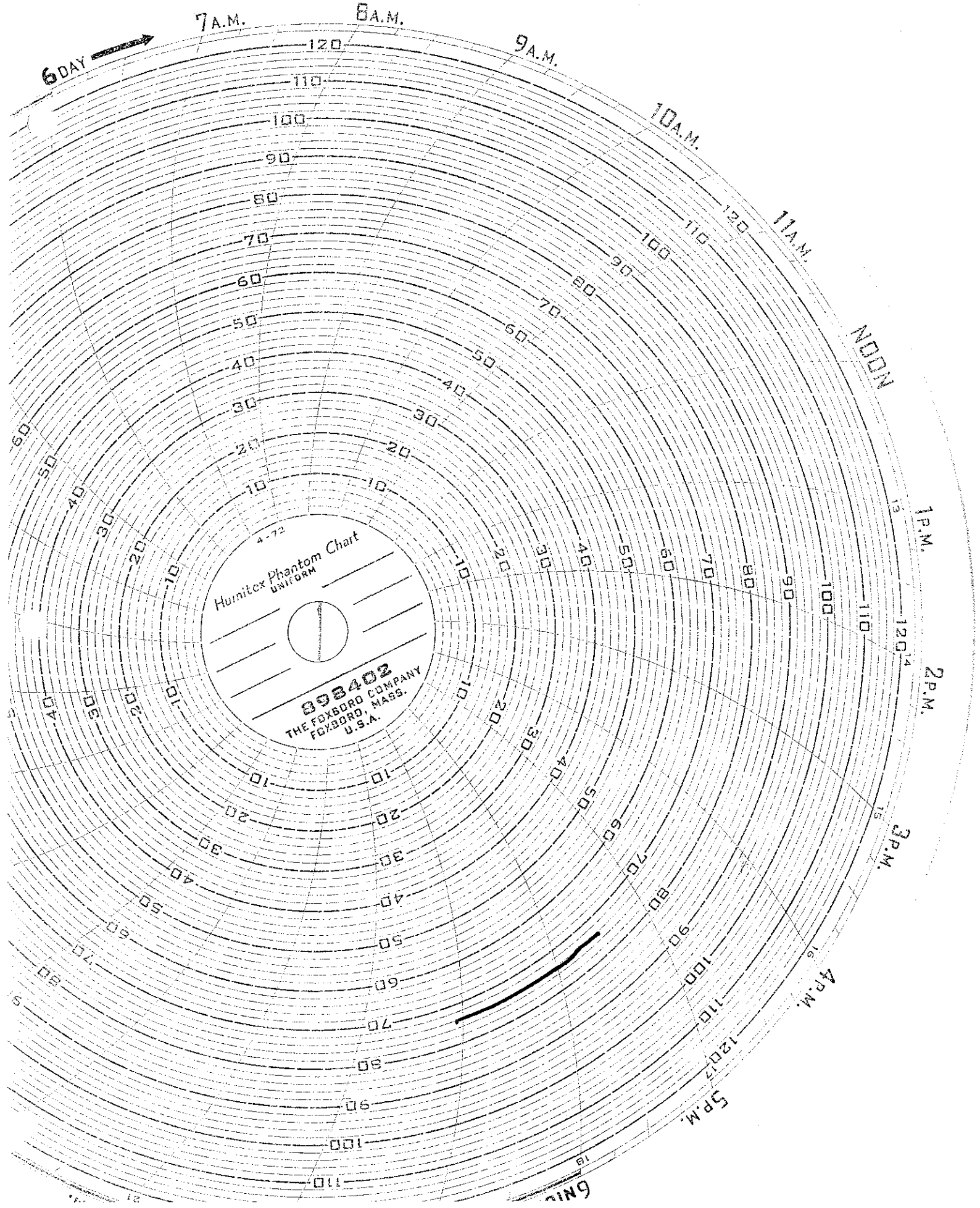
FORM 10501-N 2-78


Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
DAY
NIGHT
7 A.M.
8 A.M.
9 A.M.
10 A.M.
11 A.M.
NOON
1 P.M.
2 P.M.
3 P.M.
4 P.M.
5 P.M.
6 P.M.
7 P.M.
8 P.M.
9 P.M.

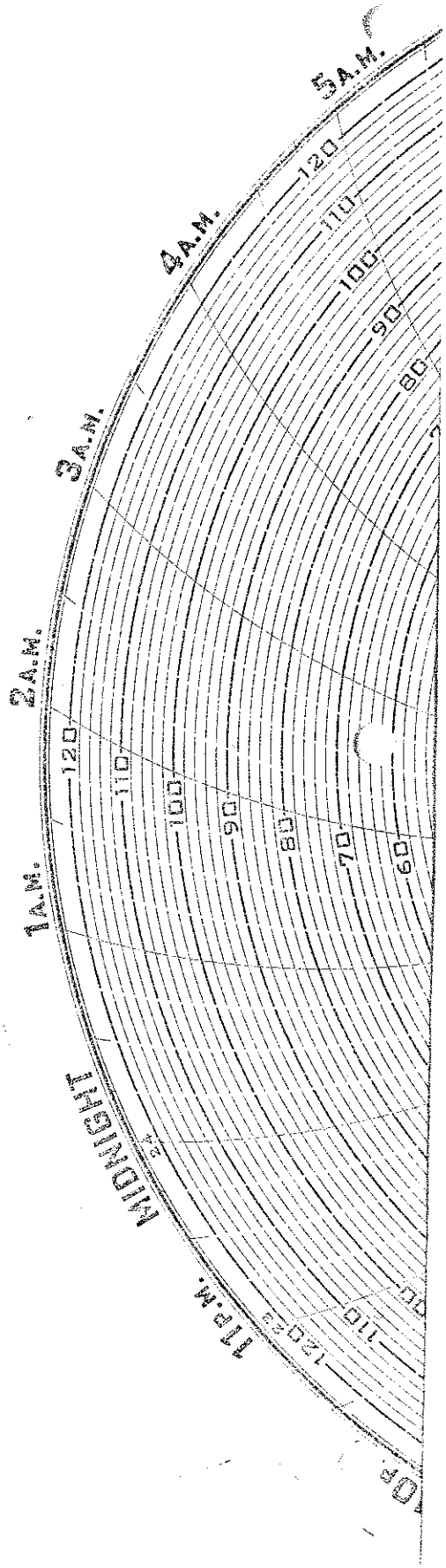
#4

4-28-84

11P.M.
MIDNIGHT
1A.M.
2A.M.
3A.M.
4A.M.
5A.M.
3000
2750
2500
2250
2000
1750
24


6 DAY
7 A.M.
8 A.M.
9 A.M.
10 A.M.
11 A.M.
NOON
1 P.M.
2 P.M.
3 P.M.
4 P.M.
5 P.M.
6 NIGHT
Humitex Phantom Chart
UNIFORM
4-72
898402
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

#4
4-28-84



MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Pixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg Sta To: Carmichael Sta

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade 52 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: FPI-822 LH-26-941 1826

Pressure Unit Location: Hattisburg Sta Water Source: Leaf River

Time and Date Test Started: _____ AM PM Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: _____ AM PM Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking _____ Section Ruptured ✓

#4

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-28-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
5:30 PM	1260	78°	AM PM			AM PM		
6:01	1710							

Strokes per 10 psi: _____ Remarks: _____

Milbar Supt. [redacted] Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. 7222

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY	
MONTH	DAY	YEAR	STATE	LOC.				
4	28	84	34	571	FROM 2 1 0 7 0 + 9 2 TO 2 1 0 7 1 + 5 4	COL. 1 INSPECTION X COL. 2 REPAIR ___	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)	

COL. 3-5 COUNTY OR ~~PARISH~~: Wayne

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1. X FIELD; 2. ___ TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

TENANTS NAME AND ADDRESS: Same ZIP

COL. 14-15 SIZE: 12 Inch

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnels, Zachary, LA ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
	SW/4	13	8N.	9W.	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane NAME	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:

8'8" Split in the Seam.

Replaced with 61'10" of

.250 W.T. X 52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. ___ SAND
3. ___ SHALE
4. X CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. ___ PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

12' X 80' Ditch - No Cost

REMARKS

FOREMAN IN CHARGE REPAIRS: [redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
0 5	1 4	8 4

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

RATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital	Name and address of Hospital	Telephone No.
☐ ☐		

PROPERTY DAMAGE

O[redacted]

Tenant's Name and Address	Telephone No.
Same	

Nature and extent of damage

12' x 80' Ditch

THE ACCIDENT

Date of accident or ~~construction~~	Charge	Estimated Cost of Replacement or repair
4/28 19 84 Hour 1801 AM ☐ PM ☐		$ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M.P. 399.08; Inv. #21071 + 23	Wayne, Tract 70

What work or business was being done there

Hydrostatic Testing - Repairing Leak

Nature and cause of accident or construction (Describe fully)

8'8" Split in the Seam.
Replaced with 61'10" of .250 W.T. X52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage	Telephone No.

Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels,	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes,	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts,	P. O. Drawer 968, Lexington, SC 29520	803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	A Zachary, LA 70791	504-654-4137

Position	Date	
Eng. Aide #2	June 6, 1984	[redacted]

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 5

DATE 4/29/84 TIME 1605 LINE Dixie 12"

LOCATION M.P. 399.76; INV #21107+40 - T.8N - R.9W - Section 13

PRESSURE AT RECORDER, PSIG 1857 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1810

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 10'7"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. .250 MFG. American Steel GRADE X52

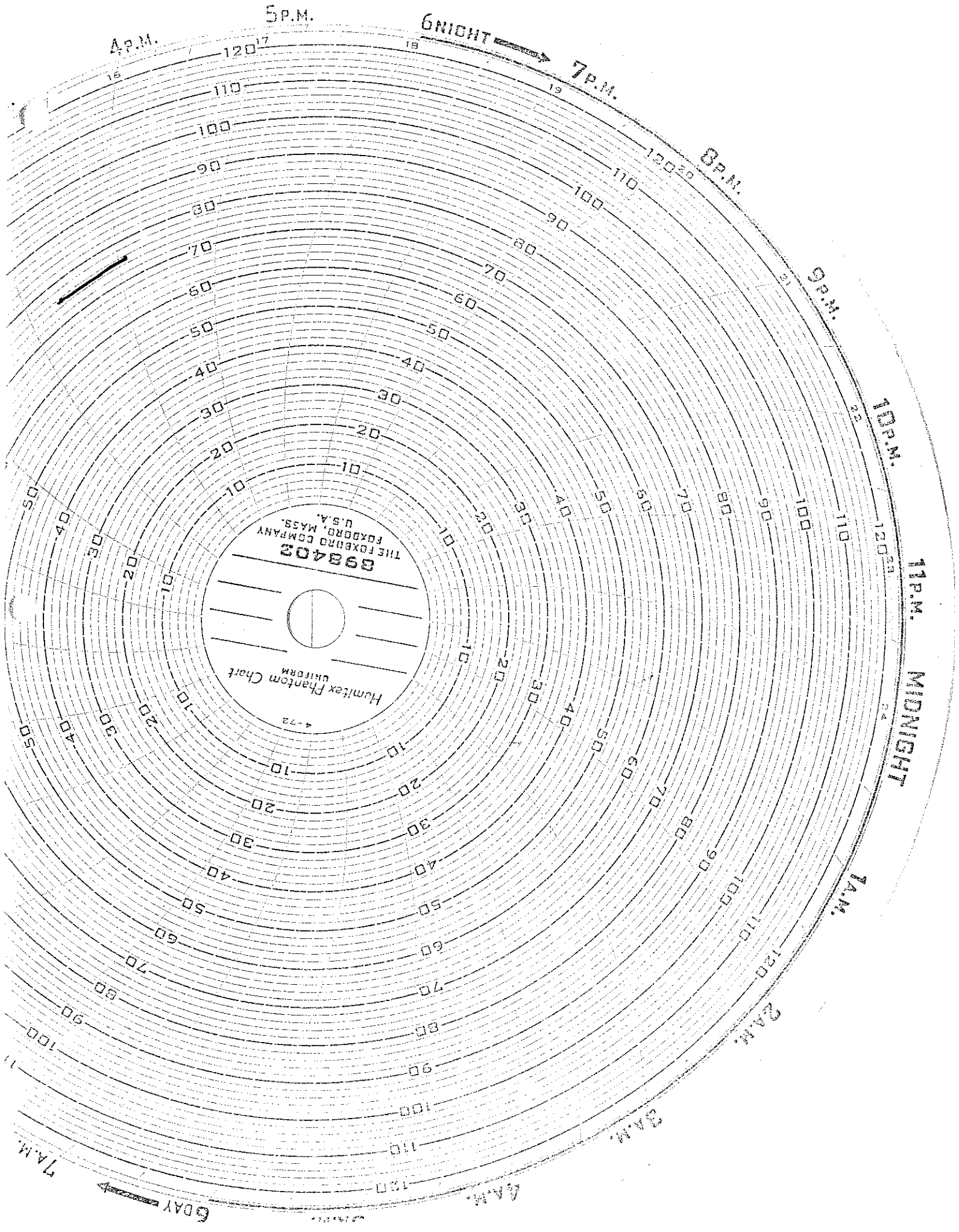
LENGTH 58'0" DATE REPAIRED 4/30/84

REMARKS:

39'3" East End) 58'0" Pipe
18'9" West End)

2125 - East End Weld Completed (30 Min.)

2300 - West End Weld Completed (30 Min.)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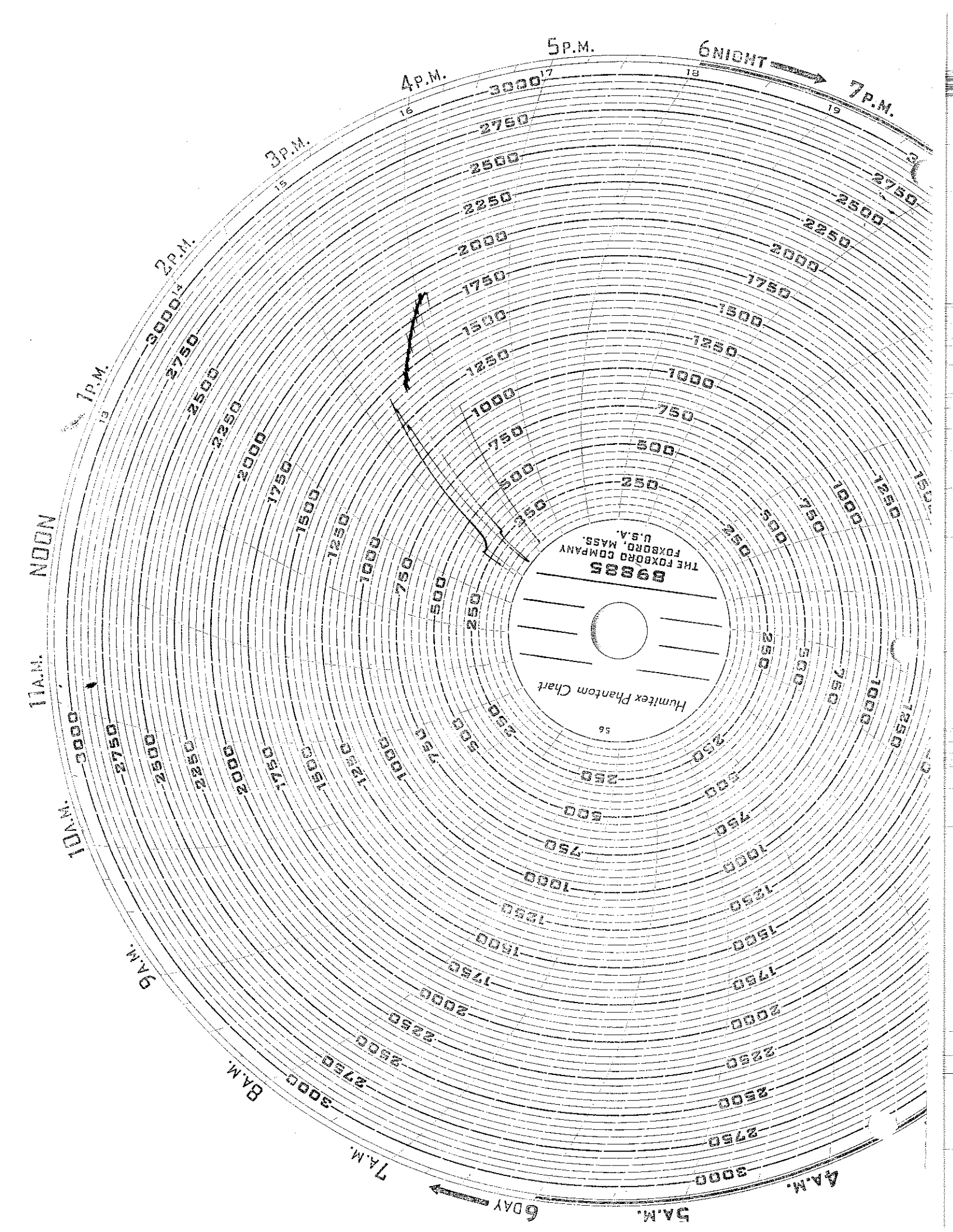
5 P.M.
6 NIGHT
7 P.M.
8 P.M.
9 P.M.
10 P.M.
11 P.M.
MIDNIGHT
1 A.M.
2 A.M.
3 A.M.
4 A.M.
5 A.M.
6 DAY
7 A.M.
Humitex Phantom Chart
UNIFORM
4-72
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
89840Z

#5
4-29-84


Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
NOON
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
6NIGHT
7P.M.
11A.M.
10A.M.
9A.M.
8A.M.
7A.M.
6DAY
5A.M.
4A.M.

#5

4-29-84

8 P.M.
9 P.M.
10 P.M.
11 P.M.
MIDNIGHT
1 A.M.
2 A.M.
21
22
23
24
1750
2000
2250
2500
2750
3000

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg Sta To: Carmichael Sta.

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade 52 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: FP-1, 22, 1426 4H-29 & 41

Pressure Unit Location: Hattisburg Sta Water Source: Leaf River

Time and Date Test Started: ~~AM~~ PM 4-29-84 Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes _____ No —

Section Accepted _____ Section Leaking _____ Section Ruptured ✓ #5

DEADWEIGHT RECORDED READING (PSIG)

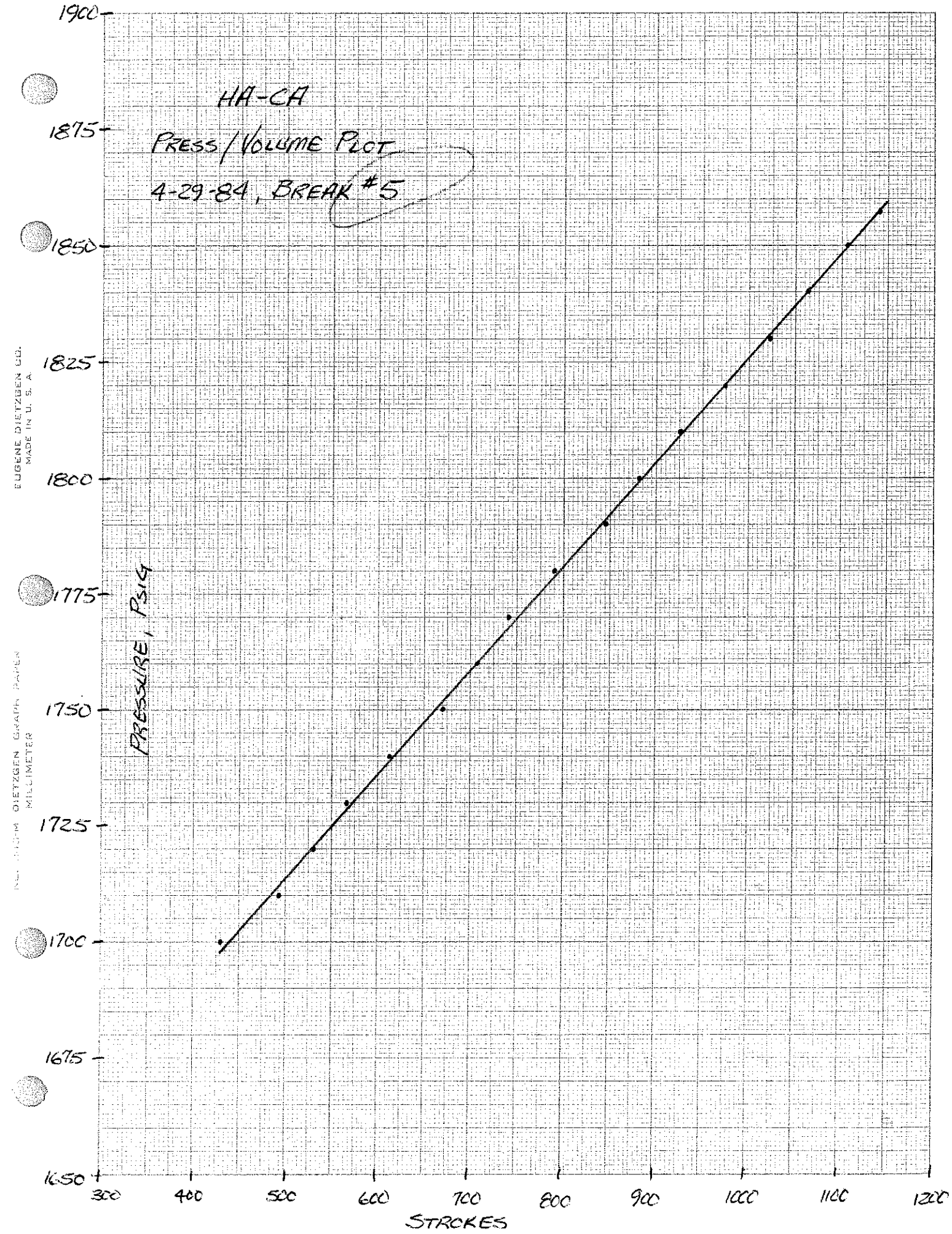
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
Date: 4-29-84		Ambient						
3:30 ~~AM~~ PM	1450	80°	AM PM			AM PM		
3:58	1857	80°						
4:03	Blew out							

Strokes per 10 psi: 4/5 Remarks: _____

Milbar Supt. [redacted] Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. 7222


HA-CA
PRESS/VOLUME PLOT
4-29-84, BREAK #5
PRESSURE, PSIG
1900
1875
1850
1825
1800
1775
1750
1725
1700
1675
1650
300
400
500
600
700
800
900
1000
1100
1200
STROKES
EUGENE DIETZGEN CO.
MADE IN U.S.A.
DIETZGEN GRAPH PAPER
MILLIMETER

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.	FROM 2 1 1 0 7 + 1 1	COL. 1 INSPECTION X	TECH. SERVICES DEPT. (1)
4	29	84	34	571	TO 2 1 1 0 7 + 6 9	COL. 2 REPAIR ___	CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR ~~PARISH~~ XXXXX: Wayne

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1. X FIELD; 2. ___ TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12 Inch

TENANTS NAME AND ADDRESS: Same ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnels, Zachary, LA ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
	NW/4	13	8N.	9W	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane	COL. 19 [X] LIQUID	
NAME	COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:

10'7" Split in the Seam.

Replaced 58'0" of .250 W.T.

X52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. ___ SAND
3. ___ SHALE
4. ___ CLAY
5. X MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. ___ PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

12' x 90' Ditch - Destroyed $75.00 worth of Oats.

REMARKS

[redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33	COL. 34-35	COL. 36-37
MONTH 0 5	DAY 1 4	YEAR 8 4

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital	Name and address of Hospital	Telephone No.
☐ ☐		

PROPERTY DAMAGE

Owner's Name and Address	Telephone No.
[redacted]	

Tenant's Name and Address	Telephone No.
Same	

Nature and extent of damage

Destroyed $75.00 worth of Oats.

THE ACCIDENT

Date of accident or ~~occurrence~~	Charge	Estimated Cost of Replacement or repair
4/29 1984. Hour 1605 AM ☐ PM ☐		$ 75.00

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M. P. 399.76; Inv. #21107 + 40	Wayne, Tract 69

What work or business was being done there

Hydrostatic Testing, Repairing Leak

Nature and cause of accident or construction (Describe fully)

10'7" Split in the same.
Replaced with 58'0" of .250 W.T. X52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage	Telephone No.

Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts	P. O. Drawer 968, Lexington, SC 29520	803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	E[redacted]ary
Eng. Aide #2	June 6, 1984	

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 6

DATE 4/29/84 TIME 0425 LINE Dixie 12"

LOCATION M.P. 384.88; INV #20321+74 - R.11W Section 36

PRESSURE AT RECORDER, PSIG 1857 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1832

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 14'5"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.750 W.T. .375 MFG. American Steel GRADE X52

LENGTH 52'0" DATE REPAIRED 4/30/84

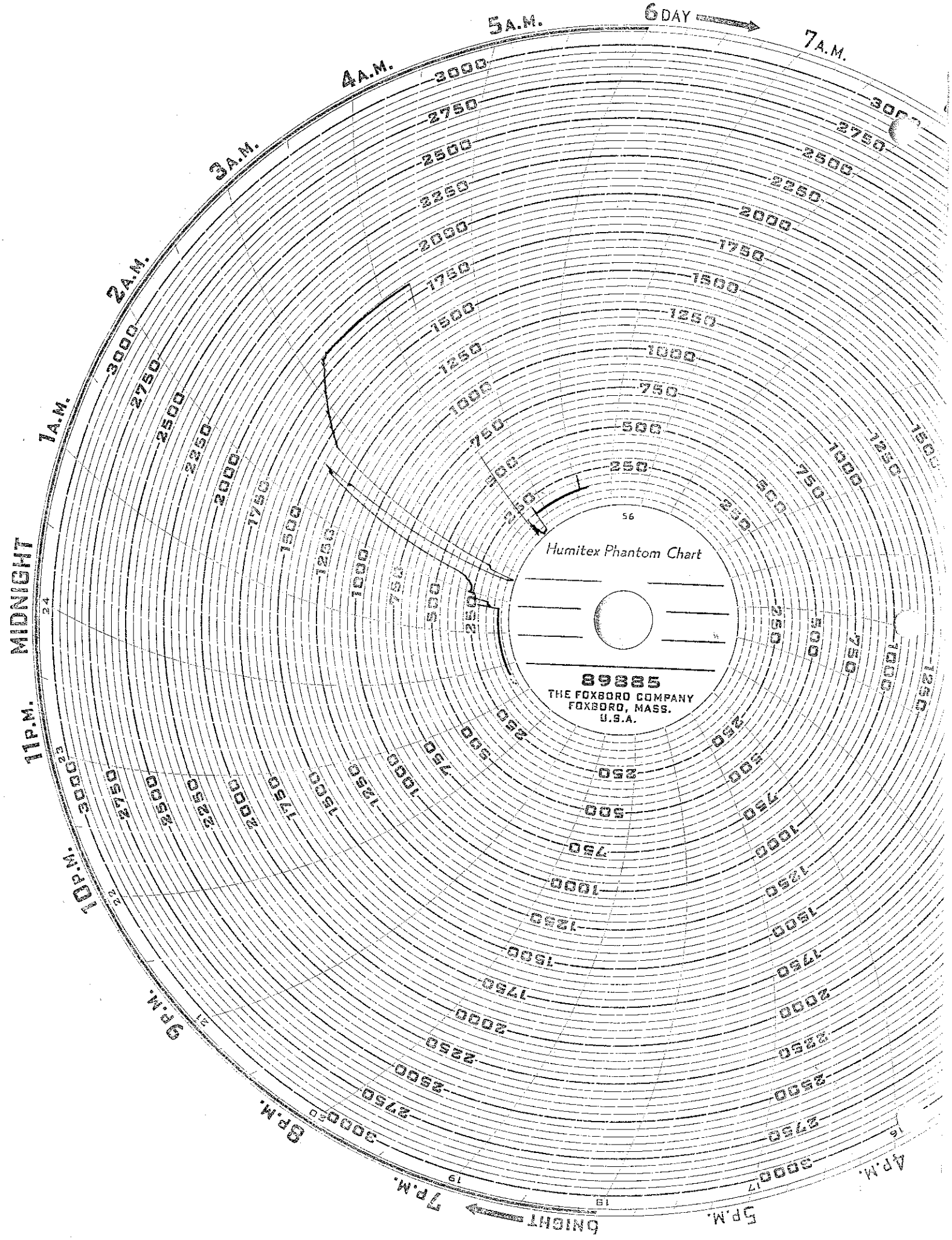
REMARKS:

43'10½" East End)
) 52' Pipe
8'1½" West End)

1506 - West End Welding Complete (21 Min.)

1552 - East End Welding Complete (27 Min.)

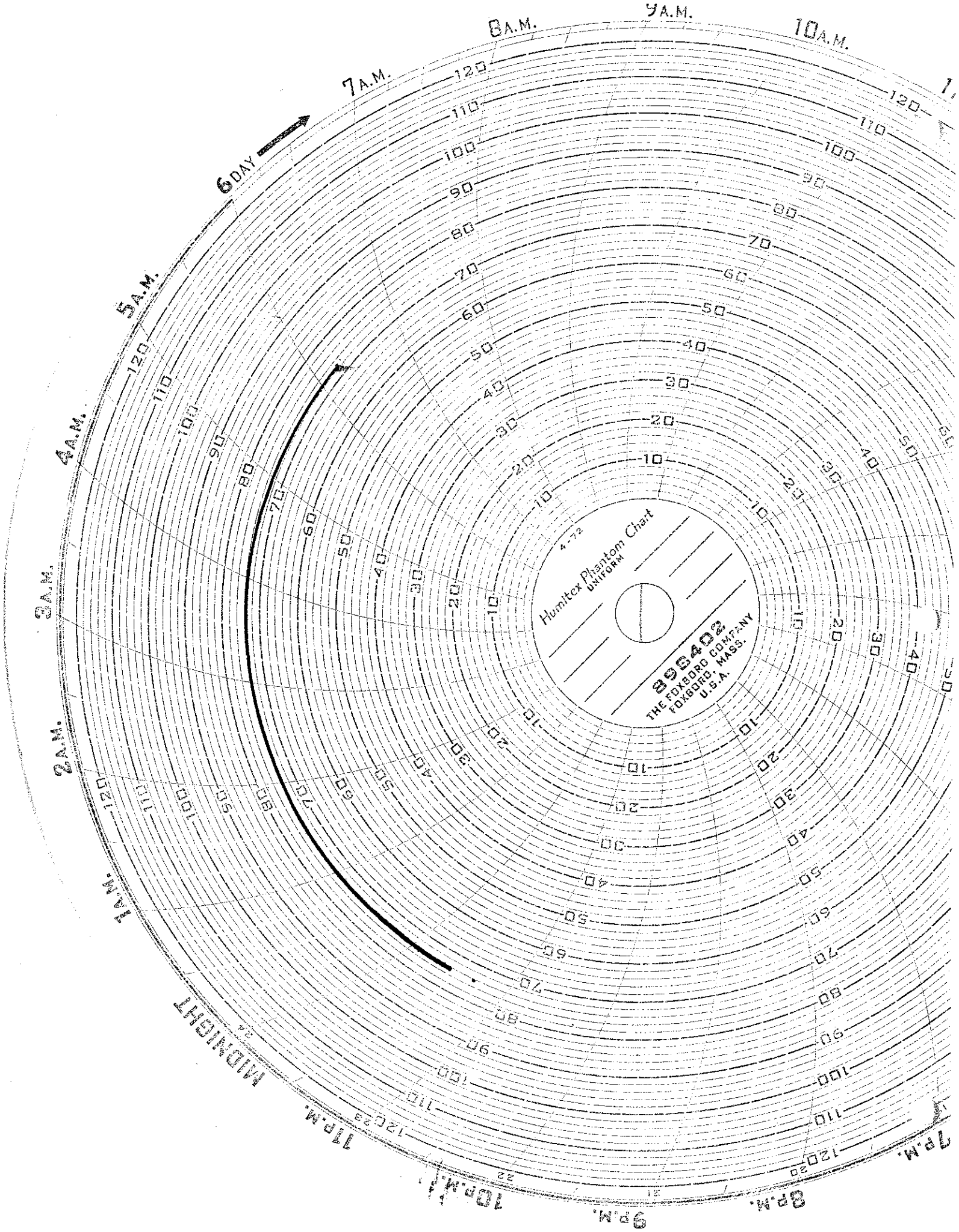
FORM 10501-N 2-78


6 DAY
5 A.M.
7 A.M.
4 A.M.
3 A.M.
2 A.M.
1 A.M.
MIDNIGHT
11 P.M.
10 P.M.
9 P.M.
8 P.M.
7 P.M.
6 NIGHT
5 P.M.
4 P.M.
Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

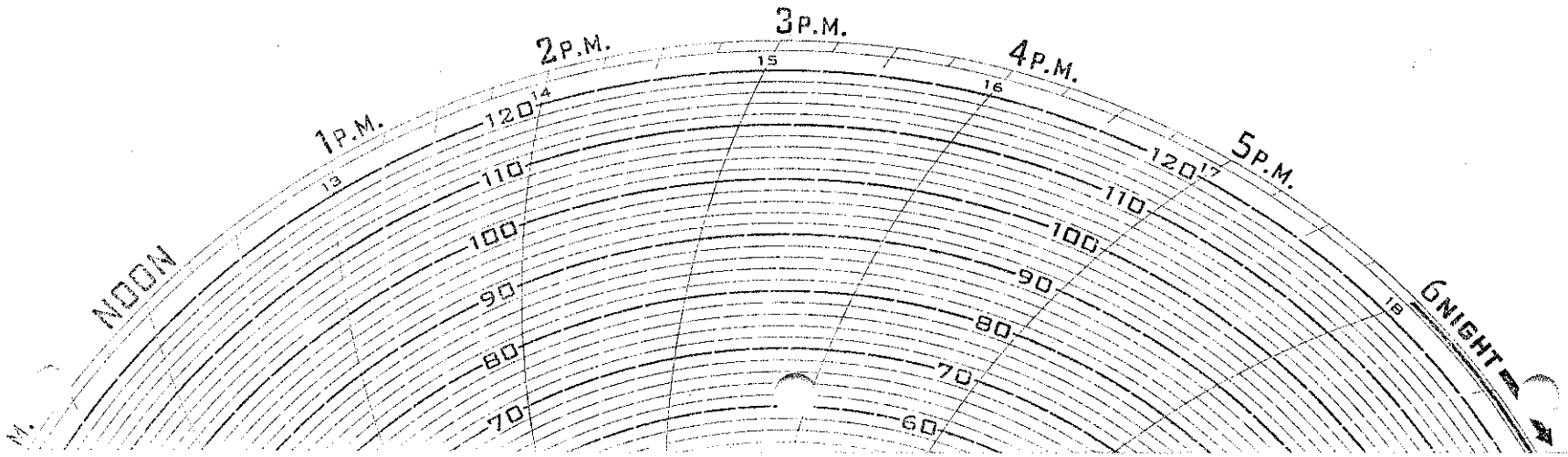
#6

4-30-84

A.M.
9A.M.
10A.M.
11A.M.
NOON
1P.M.
2P.M.
3P.M.
3000
2750
2500
2250
2000
1750
1500
1250
1000
750
500
250
3000
2750
2500
2250
2000
1750
1500
1250
1000
750
500
250
15
15


Humitex Phantom Chart
UNIFORM
4-72
89402
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
6 DAY
7 A.M.
8 A.M.
9 A.M.
10 A.M.
5 A.M.
4 A.M.
3 A.M.
2 A.M.
1 A.M.
MIDNIGHT
11 P.M.
10 P.M.
9 P.M.
8 P.M.
7 P.M.

#6
4-30-84


NOON
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
NIGHT
13
14
15
16
17
18
120
110
100
90
80
70
60

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg Sta To: Carmichael Sta.

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade X-2 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: FP-1, 2, 1, & 26 LH-29441

Pressure Unit Location: Hattisburg Sta. Water Source: Leaf River

Time and Date Test Started: 3:30 AM ~~PM~~ 4-30-84 Test Pressure (Maximum): 1857 1649 PSIG
(Min) 1837 1629

Time and Date Test Ended: _____ AM PM Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking _____ Section Ruptured ✓

#6

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-30-84

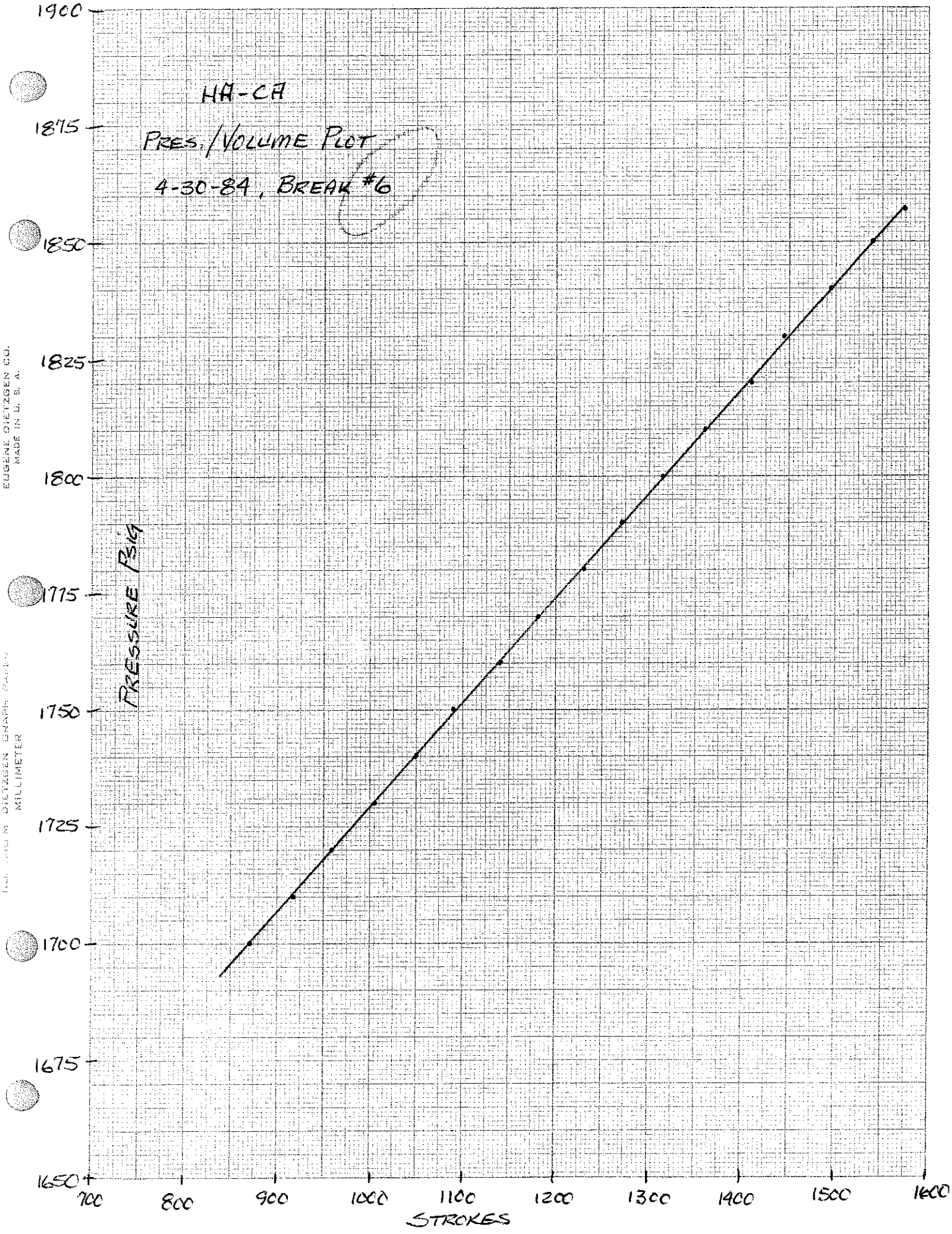
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
3:30 AM ~~PM~~	1857	65°	AM PM			AM PM		
3:45	1857							
4:00	1852	65°						
4:15	1849							
4:25	BLOW OUT							

Strokes per 10 psi: 50 Remarks: 4:45 AM. STARTED PUMPING AGAIN

Milbar Supt. [redacted] Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. 7222


HA-CA
PRES./VOLUME PLOT
4-30-84, BREAK #6
PRESSURE PSIG
1900
1875
1850
1825
1800
1775
1750
1725
1700
1675
1650
700
800
900
1000
1100
1200
1300
1400
1500
1600
STROKES
EUGENE DIETZGEN CO.
MADE IN U.S.A.
DIETZGEN GRAPH PAPER
MILLIMETER

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY	
MONTH	DAY	YEAR	STATE	LOC.				
4	29	84	34	571	FROM 2 0 3 2 1 + 4 8 TO 2 0 3 2 2 + 0 0	COL. 1 INSPECTION X COL. 2 REPAIR ___	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)	

COL. 3-5 COUNTY OR ~~PARISH~~: Jones

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1. X FIELD; 2. ___ TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12 Inch

TENANTS NAME AND ADDRESS: ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnels, Zachary, LA ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
	NE/4	36	6N	11W.	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane NAME	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:

14'5" Split in the Seam

Replaced with 52'0" of

.375 W.T. X 52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. X LOAM
2. X SAND
3. ___ SHALE
4. ___ CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. ___ PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

Dug Ditch; Drove equipment through pasture. No Cost.

REMARKS

FOREMAN IN CHARGE REPAIRS: [redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33	COL. 34-35	COL. 36-37
MONTH 0 5	DAY 1 4	YEAR 8 4

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male or Female	Married or Single
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician — Telephone No.

Take Home or to Hospital ☐ ☐ — Name and address of Hospital — Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] — Telephone No.

Tenant's Name and Address — Telephone No.

Nature and extent of damage

THE ACCIDENT

Date of accident or ~~construction~~	Charge	Estimated Cost of Replacement or repair
4/29 1984, Hour 0425 AM ☐ PM ☐		$ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M. P. 384.88; Inv. #20321 + 74	Jones, Tract 15

What work or business was being done there

Hydrostatic Testing - Repairing Leak.

Nature and cause of accident or construction (Describe fully)

14'5" Split in the Seam.
Replaced with 52'0" of .3750 W.T. /X52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage — Telephone No.

Name and Address of Insurance Company — Policy No. — Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made — Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts	P. O. Drawer 968, Lexington, SC 29520	803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	Er[redacted]ry
Eng. Aide #2	June 6, 1984	

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 7

DATE 4/30/84 TIME 2010 LINE Dixie 12"

LOCATION M.P. 367.42; INV #19399+64

PRESSURE AT RECORDER, PSIG 1842 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1842

DESCRIPTION OF FAILURE:

SPLIT [ ] LENGTH OF SPLIT _____

SEEP [X] GAL. LOST PER HOUR 106 PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [ ] SEAM [X] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. .375 MFG. _____ GRADE X52

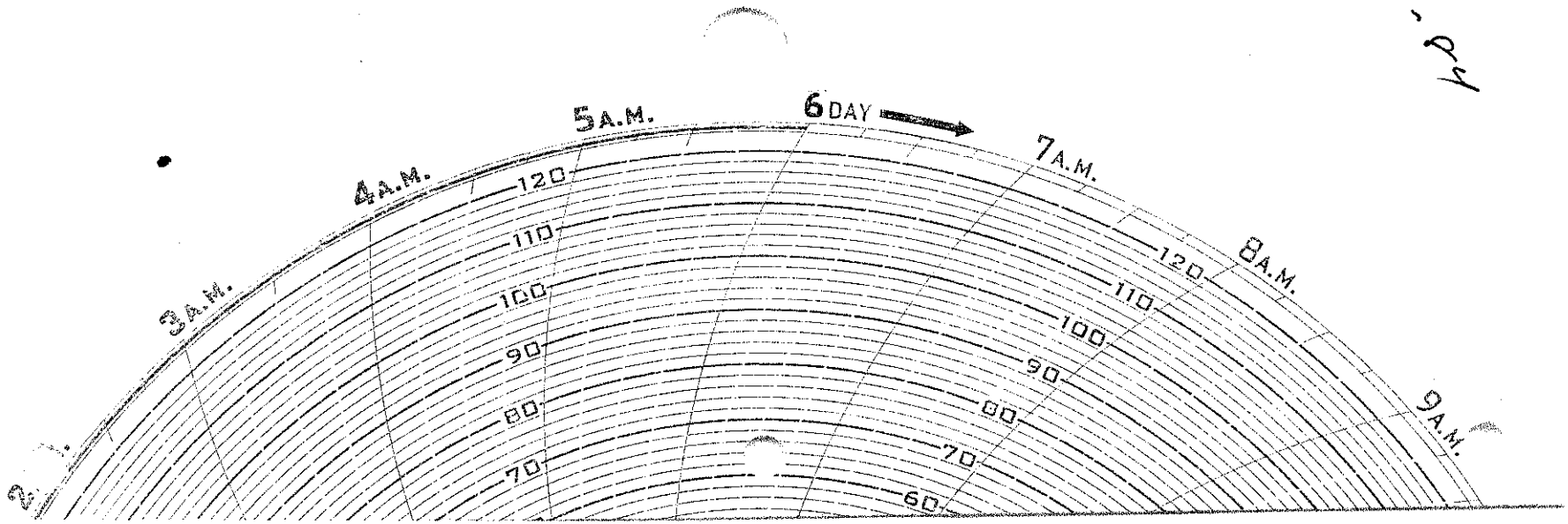
LENGTH 41¼" DATE REPAIRED 5/1/84

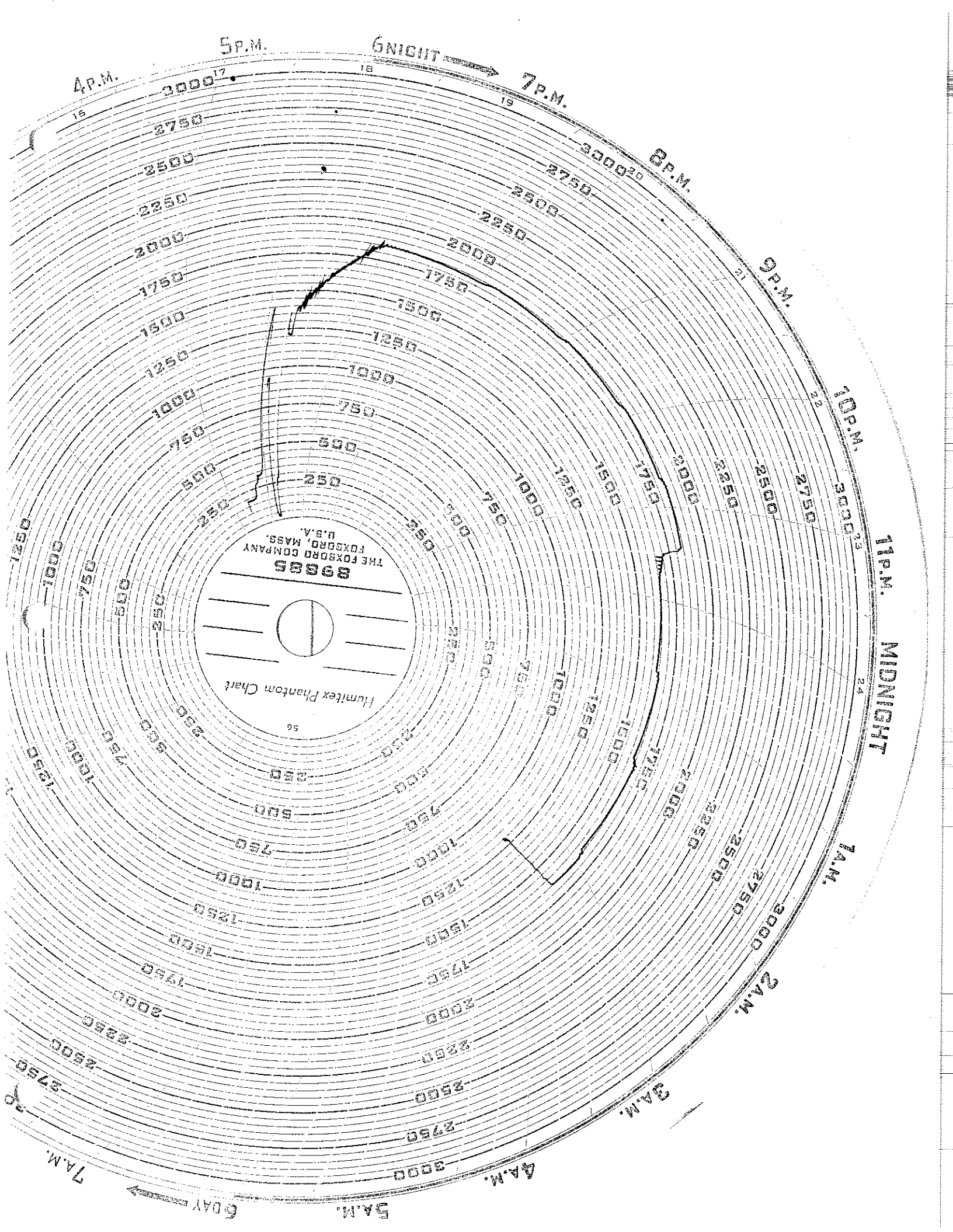
REMARKS: 34' West of HA M/L Valve. Leak in Field Weld.
1015 East End Weld Completed 37 Min.
1055 West End Weld Completed 40 Min.

FORM 10501—N 2—78

10A.M.
11A.M.
NOON
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
6NIGHT
7P.M.
8P.M.
9P.M.
10P.M.
11P.M.
MIDNIGHT
1A.M.
Humitex Phantom Chart
UNIFORM
4-72
898402
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

#7
4-30-84




4 P.M.
5 P.M.
6 NIGHT
7 P.M.
8 P.M.
9 P.M.
10 P.M.
11 P.M.
MIDNIGHT
1 A.M.
2 A.M.
3 A.M.
4 A.M.
5 A.M.
6 DAY
7 A.M.
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
Illumitex Phantom Chart

A.M.
9A.M.
10A.M.
11A.M.
NOON
1P.M.
2P.M.
3P.M.
1750
2000
2250
2500
2750
3000
3000
2750
2500
2250
2000
1750

#7
4-30-84

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg Sta To: Carmichael Sta

Test Section No.: 1 Length: 58 miles

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade 52 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: LH-2998 41 FP182 2691

Pressure Unit Location: Hattisburg Sta Water Source: Leaf River

Time and Date Test Started: 7:15 ~~AM~~ PM 4-30-84 Test Pressure (Maximum): 1857 1649 PSIG (Min) 1837 1629

Time and Date Test Ended: 3:15 AM ~~PM~~ 5-1-84 Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking ✓ Section Ruptured _____

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-30-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
6:15 ~~AM~~ PM	1370		9:45 ~~AM~~ PM	1838	60°	12:30 ~~PM~~ AM	1635	60°
6:53	1857	70°	9:47	1837 Repressure		12:45	1629 Repressure	58°
ON TEST → 7:15	1854	65°	9:53	1857	100 STKS.	12:49	1649	98 STKS.
7:30	1847	63°	10:00	1854	60°	1:00	1644	58°
7:45	1842	60°	10:15	1848	60°	1:15	1640	58°
7:58	1837 Begin Repressure		10:30	1840	60°	1:30	1635	58°
39 STKS → 8:07	1857 Stop Repressure		10:40	1837	Repressure	1:45	1631	Repressure
8:15	1851	60°	10:43	1857	104 STKS.	1:48	1649	100 STKS
8:30	1848	60°	11:00	1852	60°	2:00	1646	58°
8:45	1841	60°	11:15	1844	60°	2:15	1643	58°
8:55	1837 Repressure		11:23	1842		2:30	1640	58°
9:02	1857	98 STKS.	11:45	1649		2:45	1635	55°
9:15	1850	60°	12:00	1645	60°	2:52	1631	Repressure
9:30	1845	60°	12:15 AM.	1640	60°	2:55	1649	~~55°~~ 100 STK
						3:15	1646	off Test

Strokes per 10 psi: _____ Remarks: 11:23pm Started bleed down PSI 1842 - 11:45pm shut in PSI 1649 off Test 3:15 AM - 3:30 AM Started Bleeding down - 3:45 shut in at 1200 psi

Milbar Supt. [redacted] Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. 7222

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY	
MONTH	DAY	YEAR	STATE	LOC.				
4	30	84	34	257	FROM 1 9 3 9 9 + 6 2 TO 1 9 3 9 9 + 6 6	COL. 1 INSPECTION X COL. 2 REPAIR	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)	

COL. 3-5 COUNTY OR ~~PARISH~~ XXXX: Forrest

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: Dixie Pipeline Company, Atlanta, GA — ZIP

COL. 12: 1.__ FIELD; 2.__ TRUNK; 3. X STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12 Inch

TENANTS NAME AND ADDRESS: Same — ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnels, Zachary, LA — ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
		23		13W.	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane NAME	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:

Seep Leak in Field Weld

Replaced 41¼" of .375 W.T.

X 52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. __ FAIR
3. __ POOR
4. __ BAD
5. __ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. __ LOAM
2. __ SAND
3. X SHALE
4. X CLAY
5. __ MIXED SOIL
6. __ ROCK
7. __ CINDERS
8. __ AIR
9. __ WATER
10. __ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. __ GASKET REPLACED
2. __ FITTING REPLACED
3. __ RECAULKED
4. __ WELDED PATCHES
5. __ FULL WRAPPED
6. X PIPE REPLACED
7. __ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. __ ASPHALT AND FELT
3. __ PRIMER AND TAPE
4. __ X-TRU COTE
5. __ THIN FILM
6. __ CONCRETE
7. __ SOMASTIC
8. __ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

No Damage. No Cost.

REMARKS

FOREMAN IN CHARGE REPAIRS: [redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33	COL. 34-35	COL. 36-37
MONTH 0 5	DAY 1 4	YEAR 8 4

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person: None | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home ☐ or to Hospital ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address: Dixie Pipeline Co. | Telephone No.

Tenant's Name and Address: Same | Telephone No.

Nature and extent of damage
Seep Leak in Field Weld.
No Damage

THE ACCIDENT

Date of accident or construction: 4/30 19 84 Hour 2010 AM ☐ PM ☐ | Charge: 6469 | Estimated Cost of Replacement or repair $ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): M. P. 367.42; Inv. #19399.64 @ Outgoing scraper trap | County and/or Company Property No.: Forrest

What work or business was being done there
Hydrostatic Testing - Repairing Leak.

Nature and cause of accident or construction (Describe fully)
Seep Leak
Replaced 41¼" of .375 W.T. X52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name | Address | Telephone No.

Jimmy D. Runnels, P. O. Box 639, Zachary, LA 70791 — 504-654-4137

Dickie Calmes, P. O. Box 639, Zachary, LA 70791 — 504-654-4137

M. L. Watts, P. O. Drawer 968, Lexington, SC 29520 — 803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6, 19 84	

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From HATTIESBURG To CARMICHAEL

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL 8

DATE 5/1/84 TIME 1800 LINE Dixie 12"

LOCATION M.P. 372.09; INV. #19646+38 - Section 8 R.12W.

PRESSURE AT RECORDER, PSIG 1857 RECORDER LOCATION Hattiesburg

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1799

DESCRIPTION OF FAILURE:

SPLIT [ ] LENGTH OF SPLIT _____

SEEP [X] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. .250 MFG. American Steel GRADE X52

LENGTH 71'7" DATE REPAIRED 5/6/84

REMARKS:

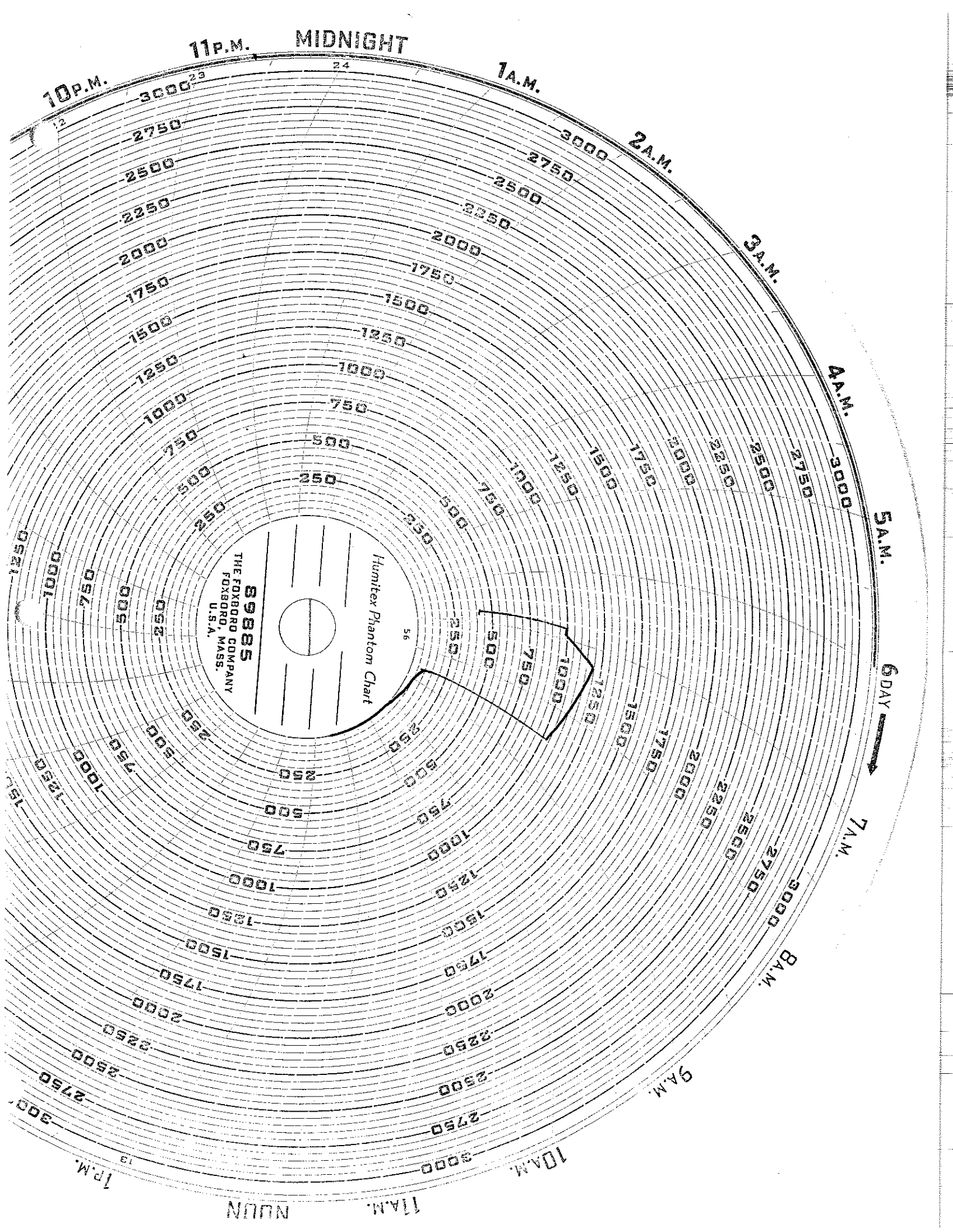
71'7" Pipe = 34'0" East End

37'7" West End

West End Welding Completed @ 1025. (20 Min.)

East End Welding Completed @ 1100. (25 Min.)

FORM 10501—N 2—78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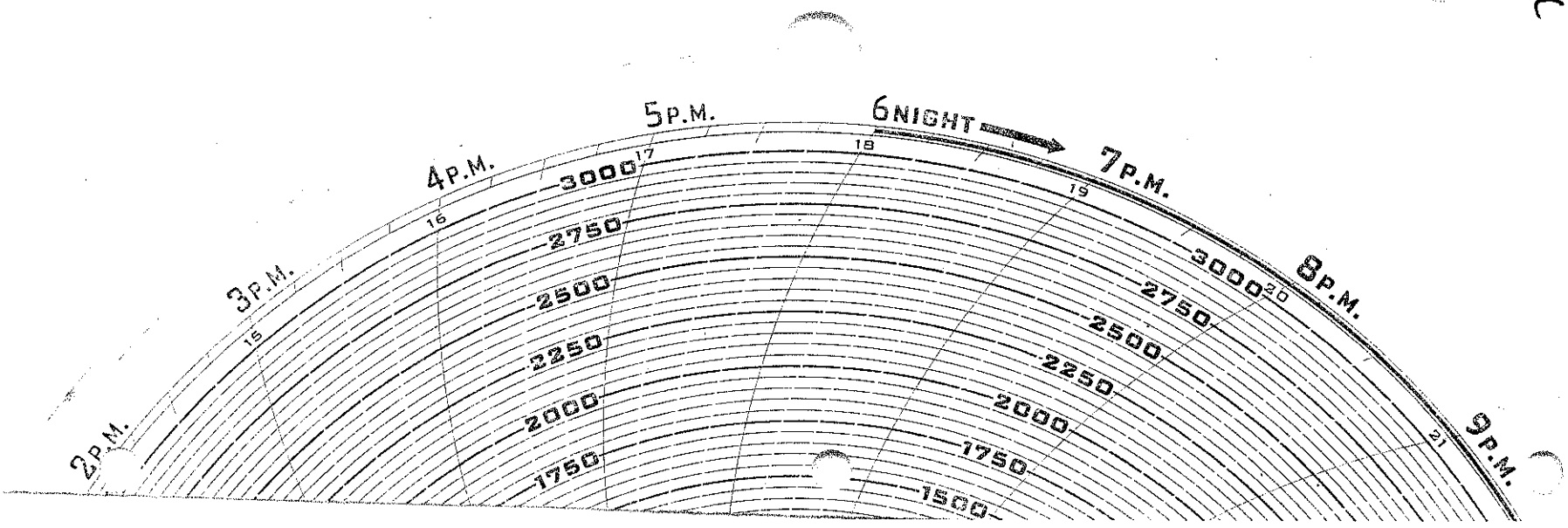
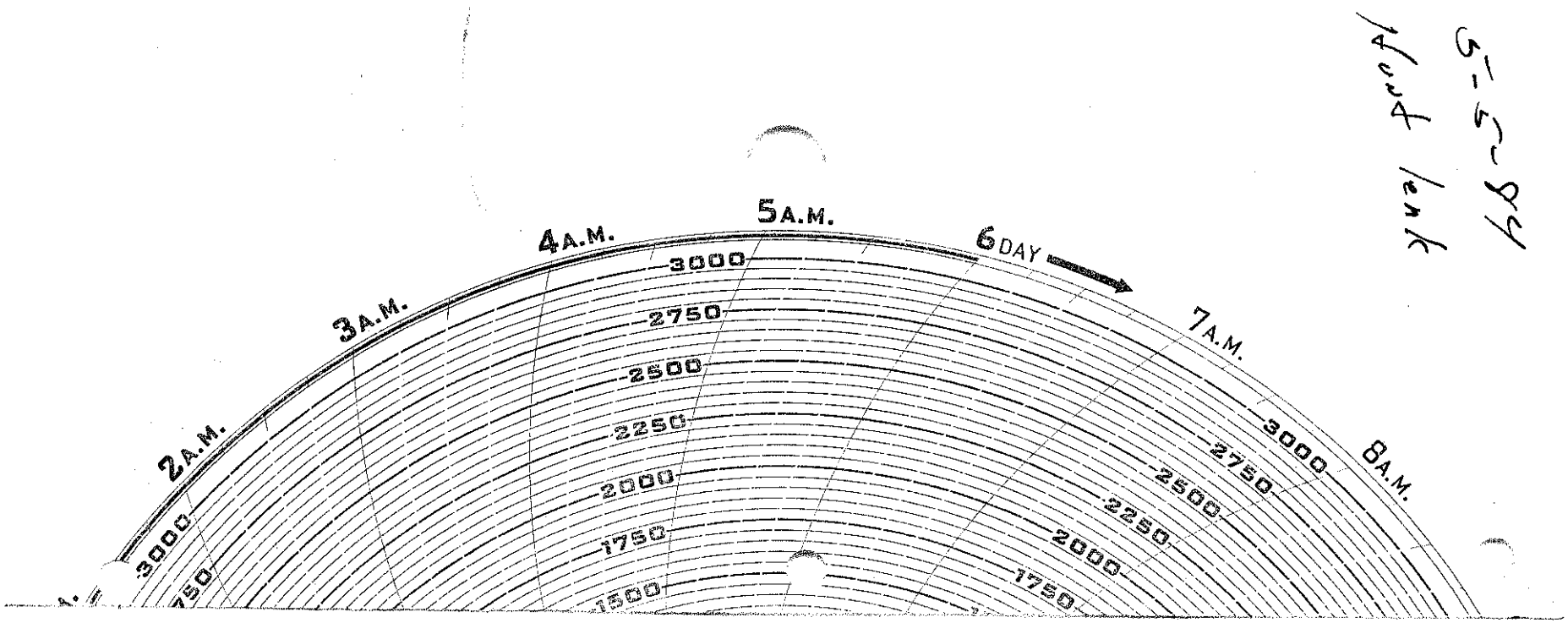
1A.M.
2A.M.
3A.M.
4A.M.
5A.M.
6 DAY
7A.M.
8A.M.
9A.M.
10A.M.
11A.M.
NOON
1P.M.
11P.M.
10P.M.
Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

5-6-84
Found leak



MIDNIGHT
11P.M.
10P.M.
9P.M.
8P.M.
7P.M.
6NIGHT
5P.M.
4P.M.
3P.M.
2P.M.
1P.M.
NOON
11A.M.
10A.M.
9A.M.
1A.
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
89885
Humitex Phantom Chart



5-5-84
Fuel tank

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Propane

Section Tested: From: Hattisburg To: Carmichael

Test Section No.: 1 Length: 58 miles

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade 52 Manufacturer:

Pressure Unit No.: 402 Gallons per Stroke: 2.04 Fill Unit No.: LK-29 & 41 FP1 #22 1 & 26

Pressure Unit Location: Hattisburg STA. Water Source: Leaf River

Time and Date Test Started: 3:00 ~~AM~~ PM 5-6-84 Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No ✓

Section Accepted Section Leaking ✓ Section Ruptured

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-6-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
6:45 ~~AM~~ PM	410		AM PM			AM PM		
6:54	1000							
7:20	1200	90°						
8:25	Found Tank & Bleed							
P.M. 2:33	1857	94°						
2:43	1855	94°						
ON Test → 3:00	1857	92°						

Strokes per 10 psi: Remarks: Packed out @ 1:30 P.M @ 770 P.S.I. Started Pressuring @ 1:45 P.M After opening M.L.V. 2:33 P.M. on Pressure @ 1857 P.S.I. 3:00 pm on Test 1857 psi.

Milbar Supt. Inspector

Witness: 1. 2.

Gauges and Recorders Last Tested Deadweight Serial No.

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page 1 of 1

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg To: Carmichael

Test Section No.: #1 Length: 58 Mi

Type and Size of Pipe: 12 O. D. x 250 W.T. x Grade 52 Manufacturer:

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: FP 1#22 1#26 LH 38 #41

Pressure Unit Location: Hattisburg Water Source: Leaf River

Time and Date Test Started: AM PM Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-5-84

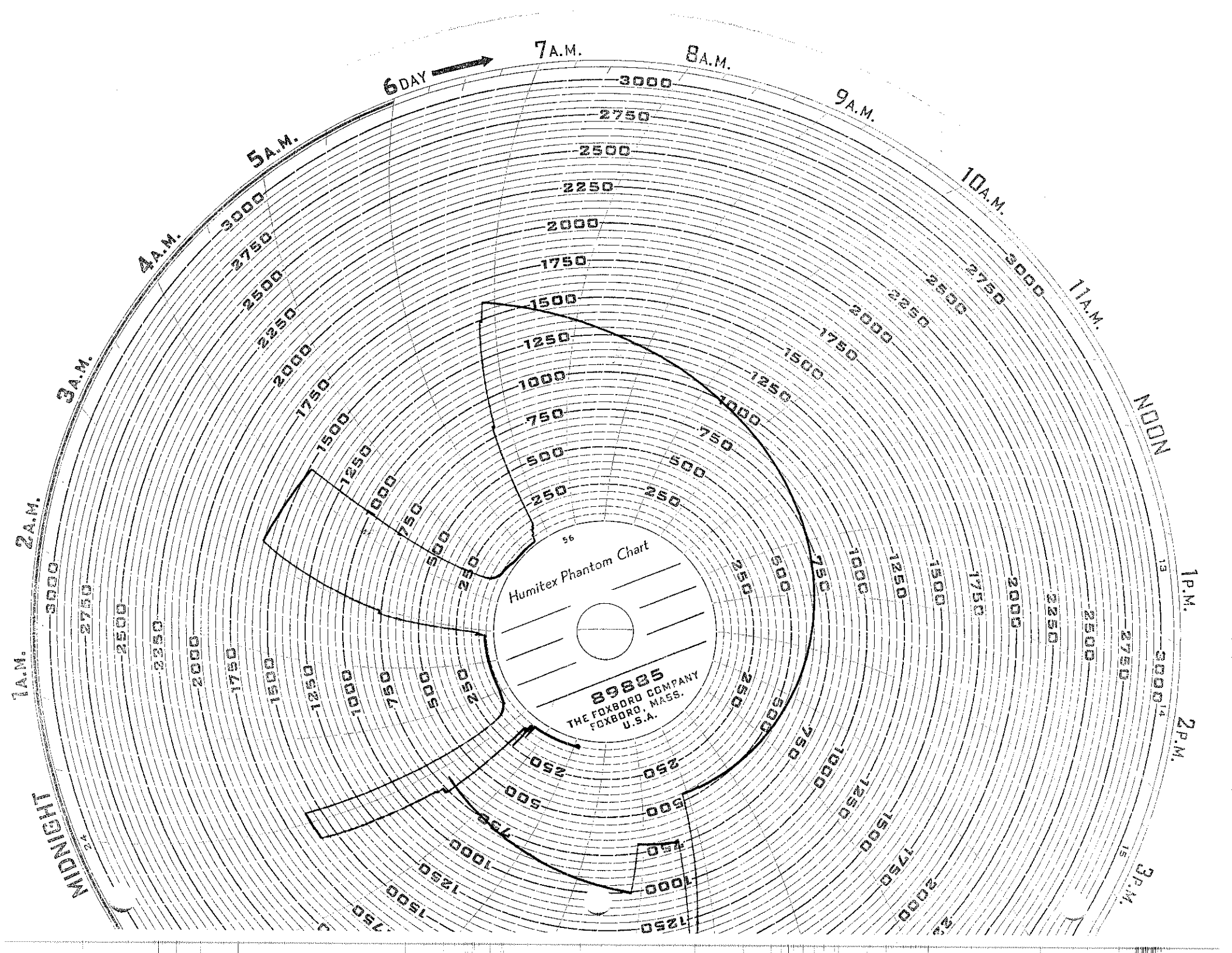
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
2:12 AM ~~PM~~	1400		AM PM			AM PM		
2:20	700							
8:05	1000							
11:50	670							
12:02	1200							
1:00	1650							
→ 1:02	1200							
2:25	1010-1200							
3:32	1000-1200							
5:00	1000-1200							
6:08	1000-1600							

Strokes per 10 psi: Remarks: Hunting tank

Milbar Supt. Inspector

Witness: 1. 2.

Gauges and Recorders Last Tested Deadweight Serial No.


Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
56
DAY
6
7 A.M.
8 A.M.
9 A.M.
10 A.M.
11 A.M.
NOON
1 P.M.
2 P.M.
3 P.M.
MIDNIGHT
1 A.M.
2 A.M.
3 A.M.
4 A.M.
5 A.M.
3000
2750
2500
2250
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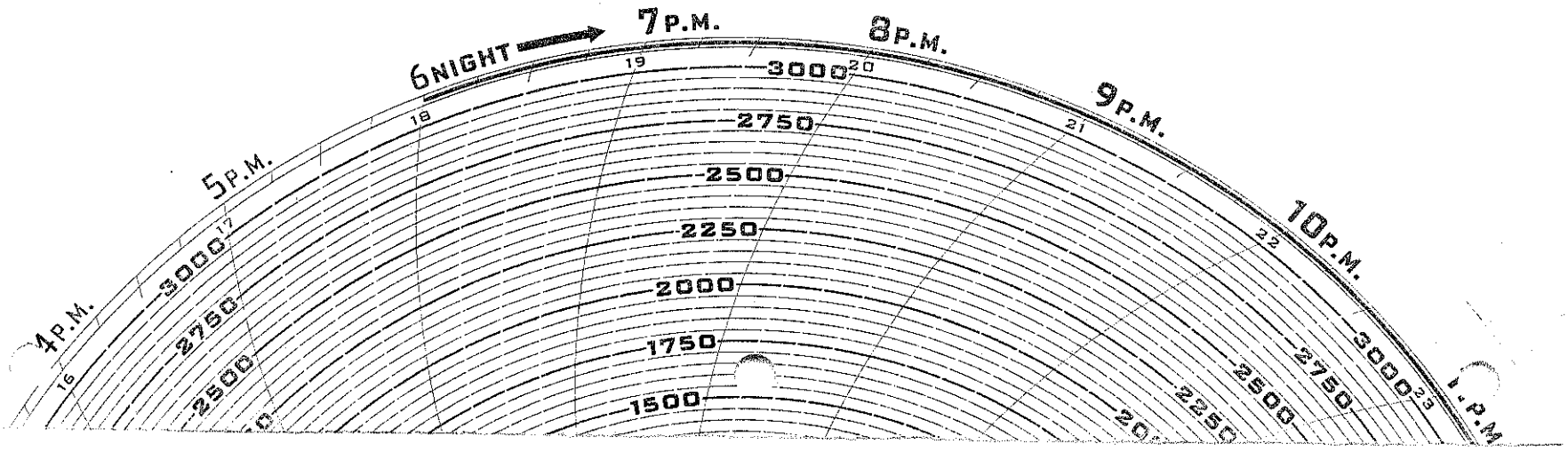
1750
1500
1250
1000
750
500
250

5-4 to 5-5-84

Hunting lake



MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hunting Tank To:

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12 O. D. x 250 W.T. x Grade 52 Manufacturer:

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: FP-224 1 LH-41

Pressure Unit Location: Hattisburg Water Source: Leaf River

Time and Date Test Started: AM PM Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking _____ Section Ruptured _____

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-4-84

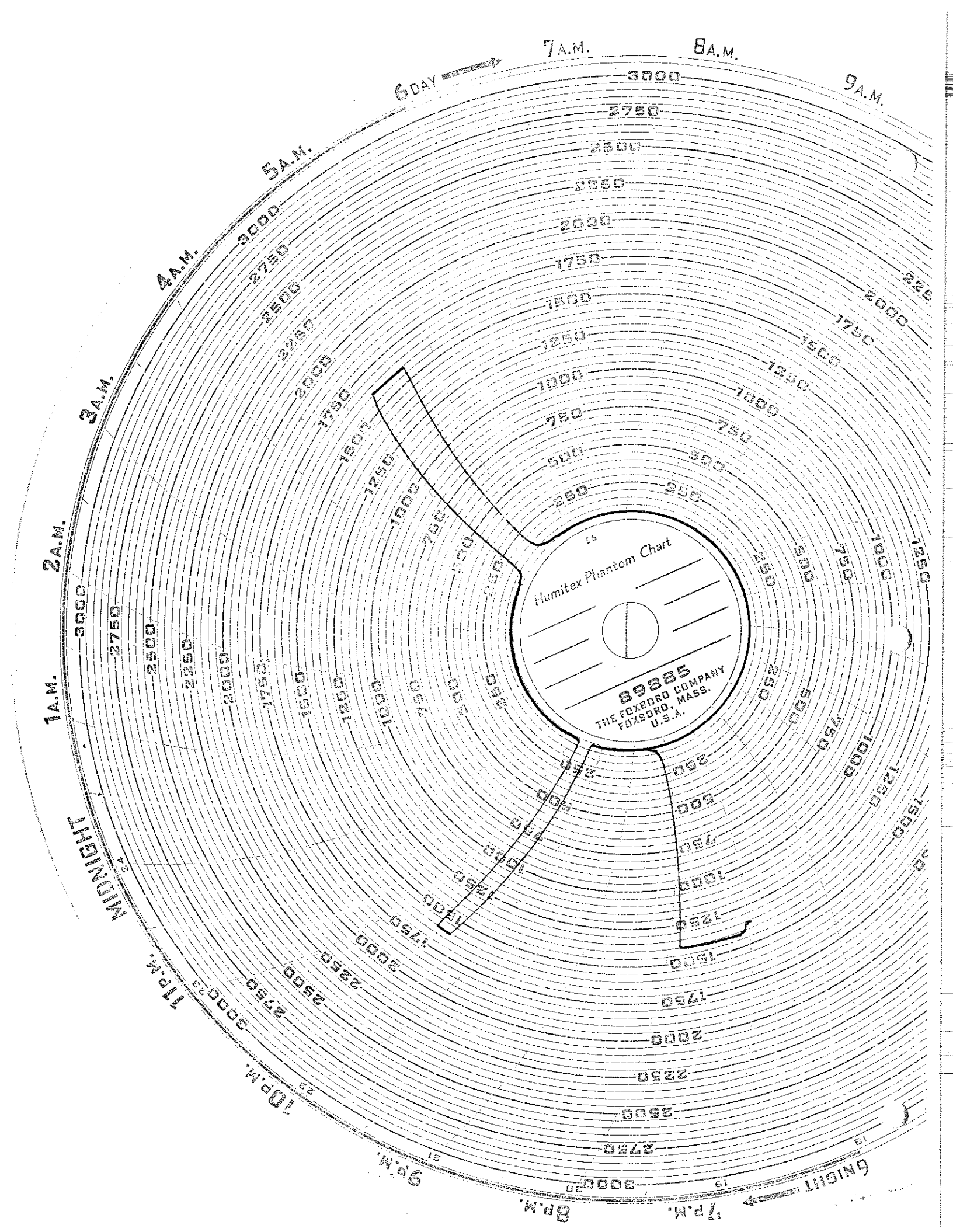
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
11:35 AM PM	750		AM PM			AM PM		
11:47	1600							
12:10	1566							
3:00	750							
3:14	1600							
3:19	1580							
3:28	1570							
3:43	1540							
3:49	1526							
6:56 pm	1600							

Strokes per 10 psi: _____ Remarks:

Milbar Supt. _____ Inspector _____

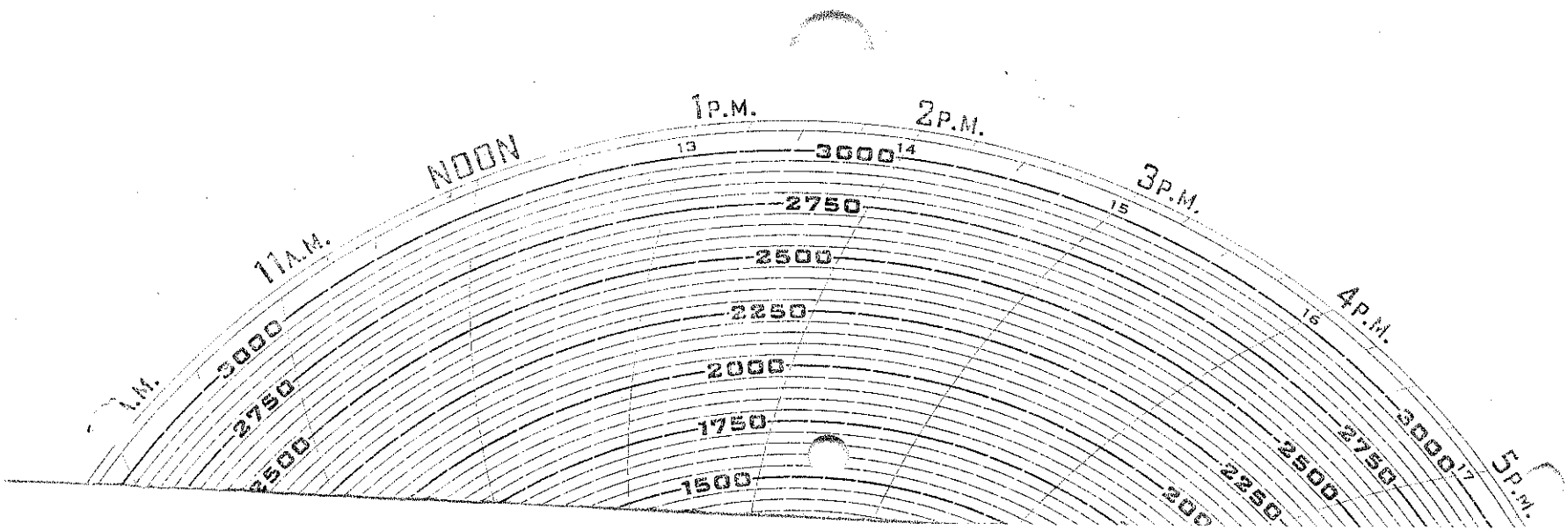
Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. _____


Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
DAY
NIGHT
MIDNIGHT
1A.M.
2A.M.
3A.M.
4A.M.
5A.M.
6
7A.M.
8A.M.
9A.M.
7P.M.
8P.M.
9P.M.
10P.M.
11P.M.

5-3 to 5-4-84

Aunt leak



MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hunting lease To: _____

Test Section No.: _____ Length: _____

Type and Size of Pipe: 12" O. D. x .250 W.T. x Grade X-52 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: LH-41 FP-22 #1

Pressure Unit Location: Natchitoches Water Source: Leaf River

Time and Date Test Started: _____ AM PM Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: _____ AM PM Pressure Volume Plot: Yes _____ No —

Section Accepted _____ Section Leaking _____ Section Ruptured _____

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-2-82

	TIME	PRESSURE	TEMP DEG.F		TIME	PRESSURE	TEMP DEG. F		TIME	PRESSURE	TEMP DEG. F
	7:15 AM PM	785		REP	5:53 AM	1600			AM PM		
	7:25	1400			6:06	1575					
	8:00	1350			6:08	1550					
	8:26	1321			6:24	1500					
REP.	8:34	1400			7:00 bld	50					
	9:04	1356									
	9:34	1305			10:40 Packed	780					
	9:44	1305			Blinded	off					
REP	9:45	1400			10:50 START PRESS						
	10:09	1300			TO 1440 P.S.I.						
REP	11:08	1400			11:02	1010					
	5:00	0			11:56 P.M.	1440 P.S.I.					
REP	5:23	880 – 1000									
	5:46	980									

Strokes per 10 psi: _____ Remarks: CONTRACTOR CUT LINE IN HALF (±6 MILE) SECTION - REPACKED LINE TO 800 P.S.I. - BLINDED OFF - PRESSURED TO 1000 P.S.I. @ 5:23 P.M.

Milbar Supt. _____ Inspector _____

Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. _____

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: 1st Valve Section Nr. Leak

Test Section No.: 1 Length: _____

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade X52 Manufacturer: _____

Pressure Unit No.: 581 Gallons per Stroke: 2.4 Fill Unit No.: 2H-21#29 FP-1#22

Pressure Unit Location: Hattisburg Stn Water Source: Leaf River

Time and Date Test Started: _____ AM PM Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: _____ AM PM Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking _____ Section Ruptured _____

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-3-84

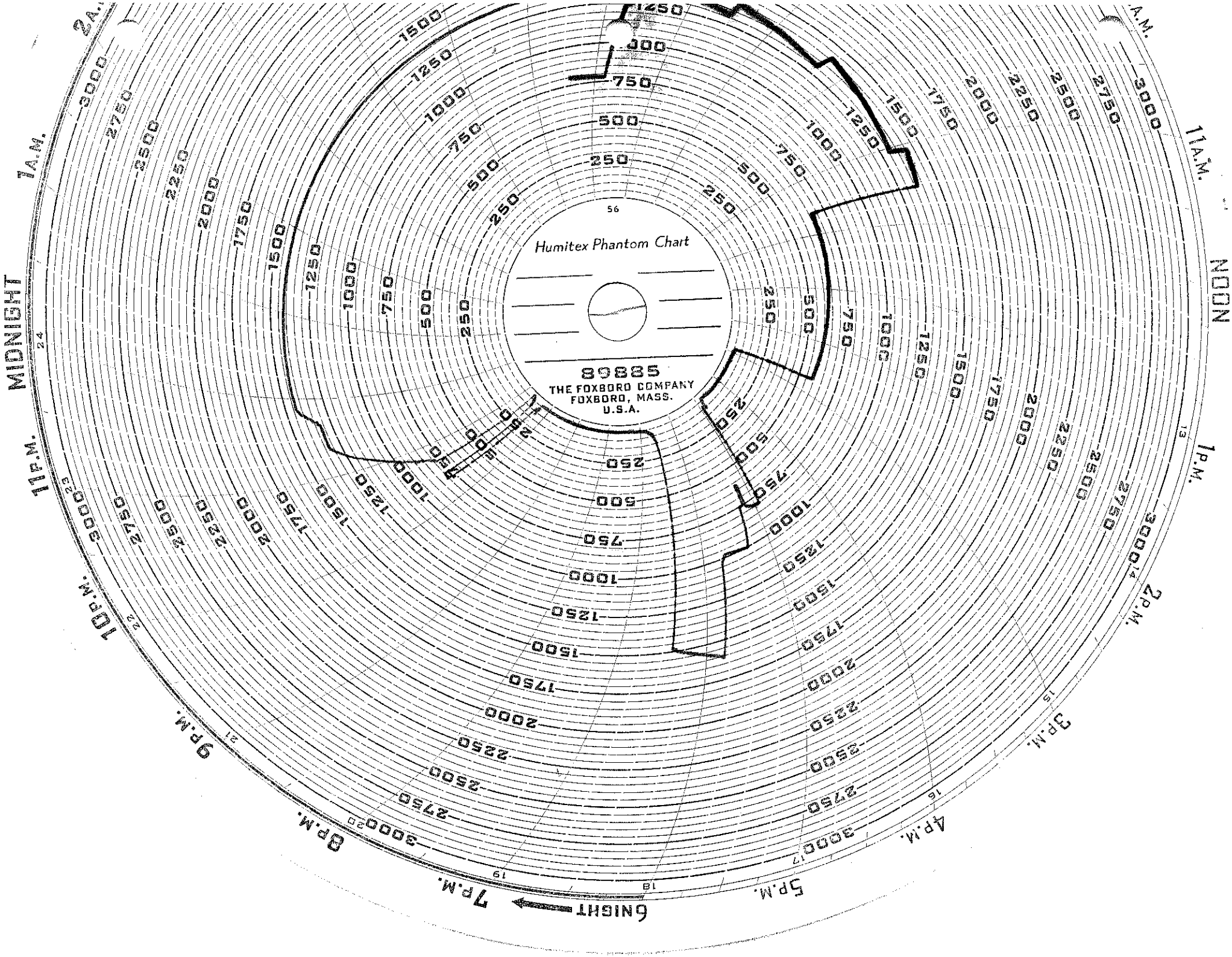
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
7:00 AM PM	1340		AM PM			AM PM		
7:05	1400							
7:55	Bled							
10:38	1600							
10:35 AM	50							
4:30	50							
5:15	1600							
5:35	Bled							

Strokes per 10 psi: _____ Remarks: 7:00 A.M. Start Pressuring to walk - Raining, Dixie P/L shut us in @ 7:05 A.M. decided to cut line & Cap. 7:55 AM. Start bleed down 8:35 Bled to 550 PSI. 10:38 AM. rep. to 1600 PSI. No leak - Bleed 4:30 P.M. Start press. 5:15 P.M. 1600 PSI. 5:35 Bled

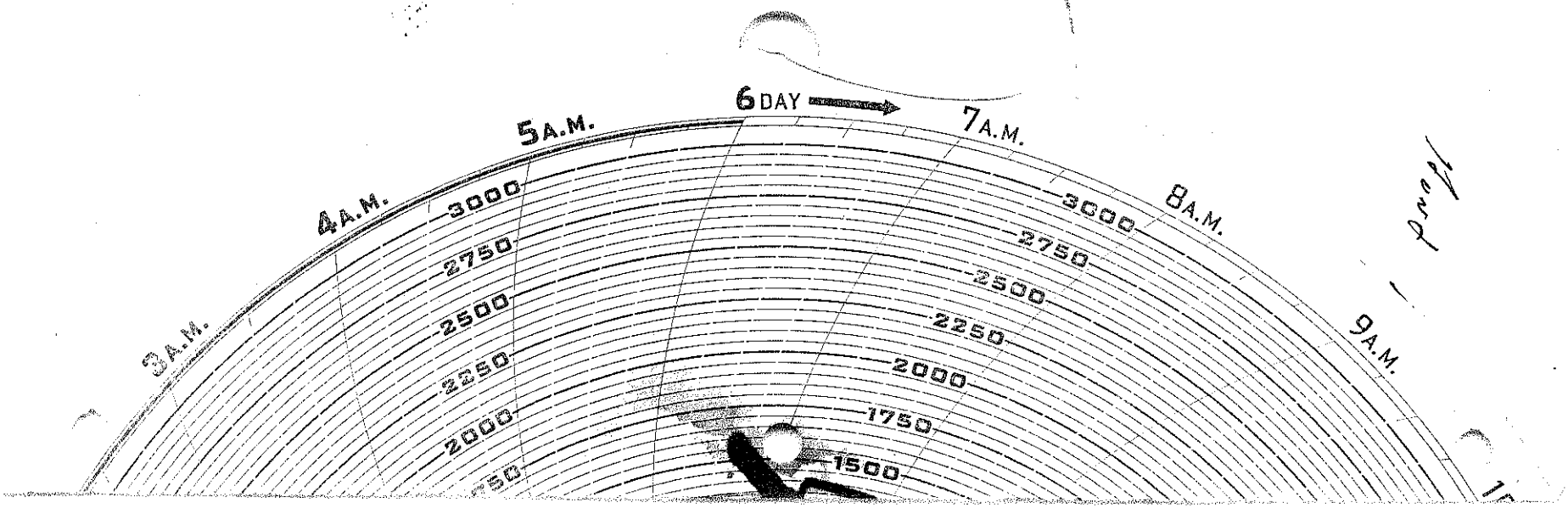
Milbar Supt. _____ Inspector _____

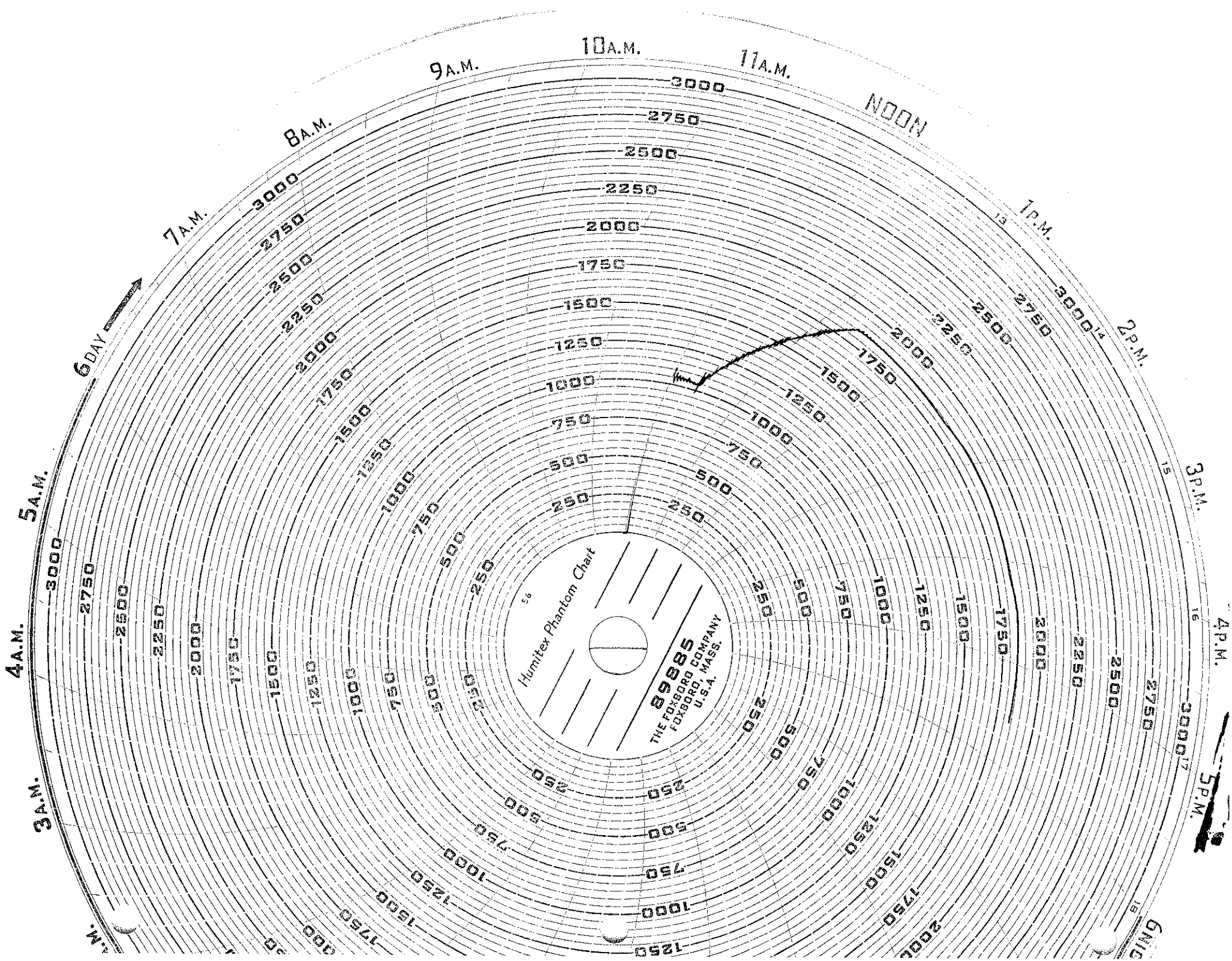
Witness: 1. _____ 2. _____

Gauges and Recorders Last Tested _____ Deadweight Serial No. _____


Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
MIDNIGHT
NOON
1A.M.
2A.M.
3A.M.
7A.M.
11A.M.
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
6P.M.
7P.M.
8P.M.
9P.M.
10P.M.
11P.M.
NIGHT

5-2 & 5-3-49


6 DAY
3 A.M.
4 A.M.
5 A.M.
7 A.M.
8 A.M.
9 A.M.
3000
2750
2500
2250
2000
1750
1500


Humitex Phantom Chart
89885
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
NOON
1 P.M.
2 P.M.
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4 P.M.
5 P.M.
6 DAY
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10 A.M.
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2250
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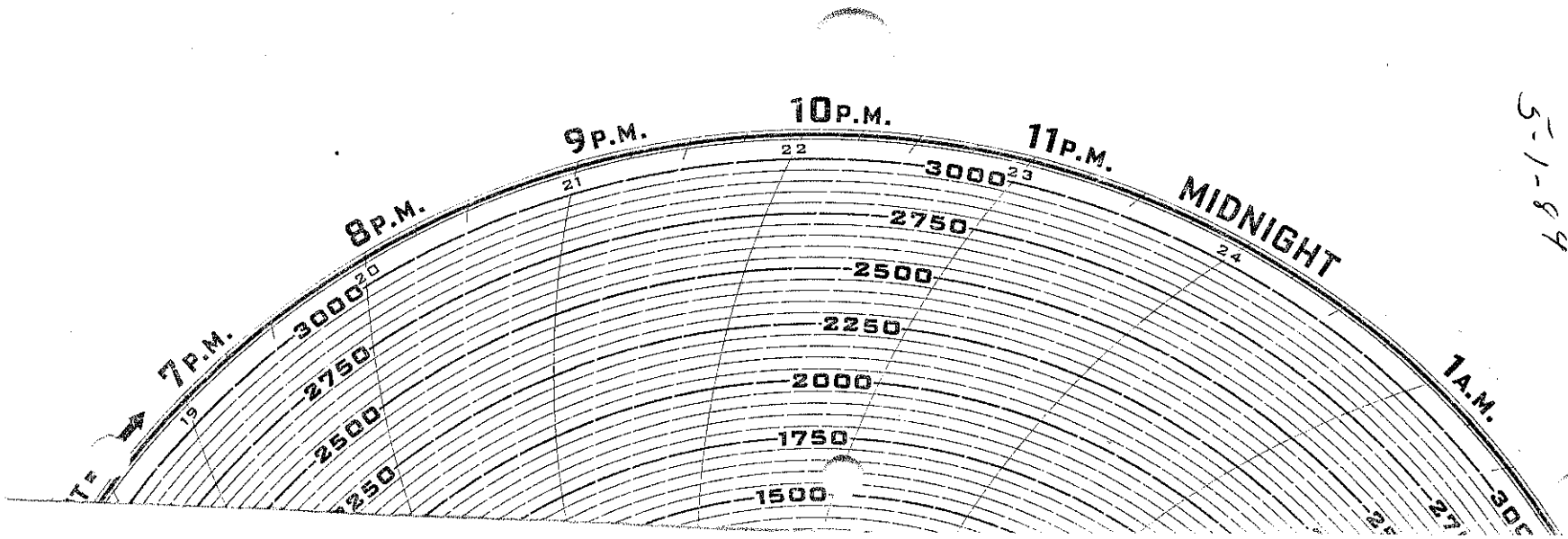
1500
1250
1000
750
500
250


7 P.M.
8 P.M.
9 P.M.
10 P.M.
11 P.M.
MIDNIGHT
1 A.M.
19
20
21
22
23
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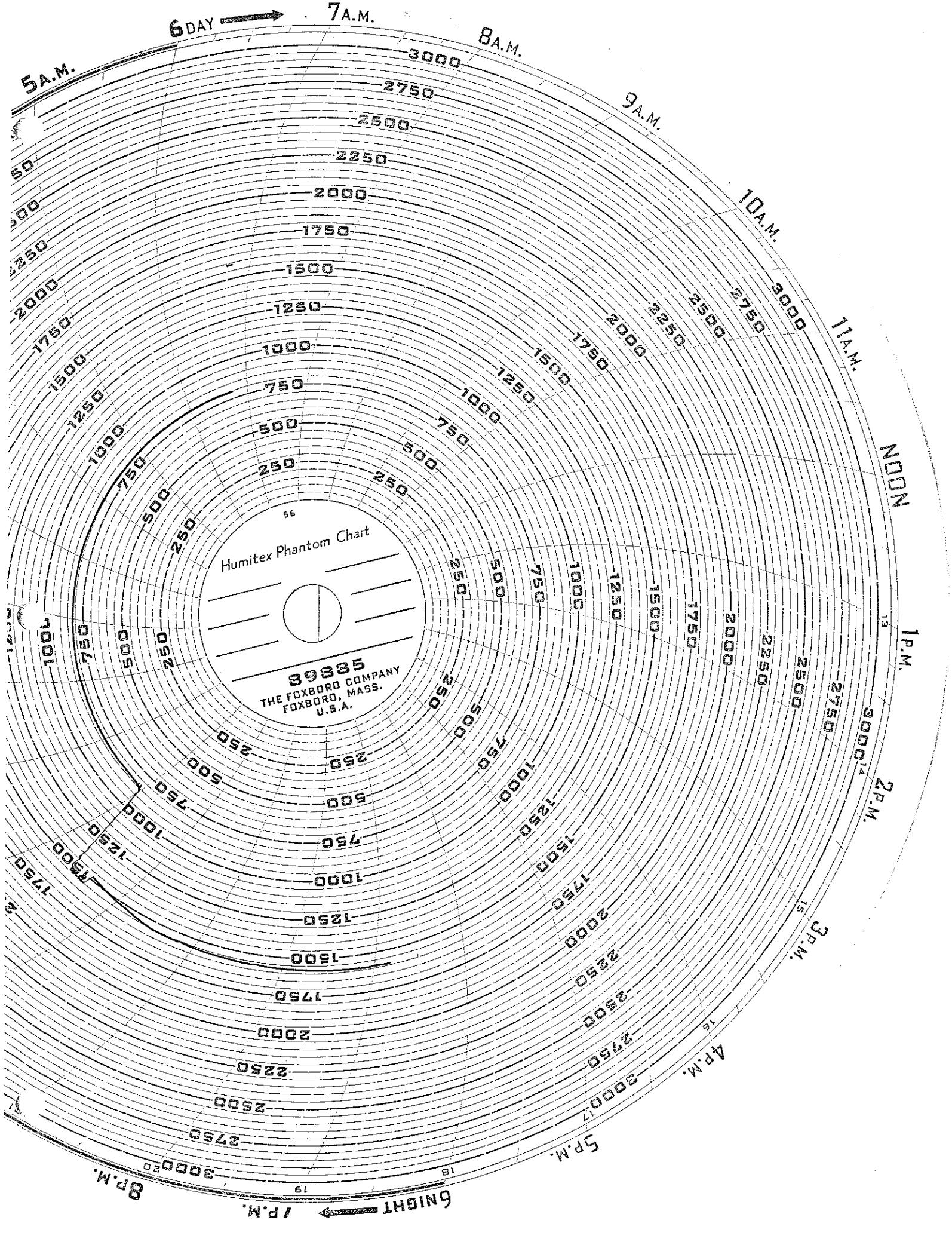
5-1-84

#8


6 DAY
7 A.M.
8 A.M.
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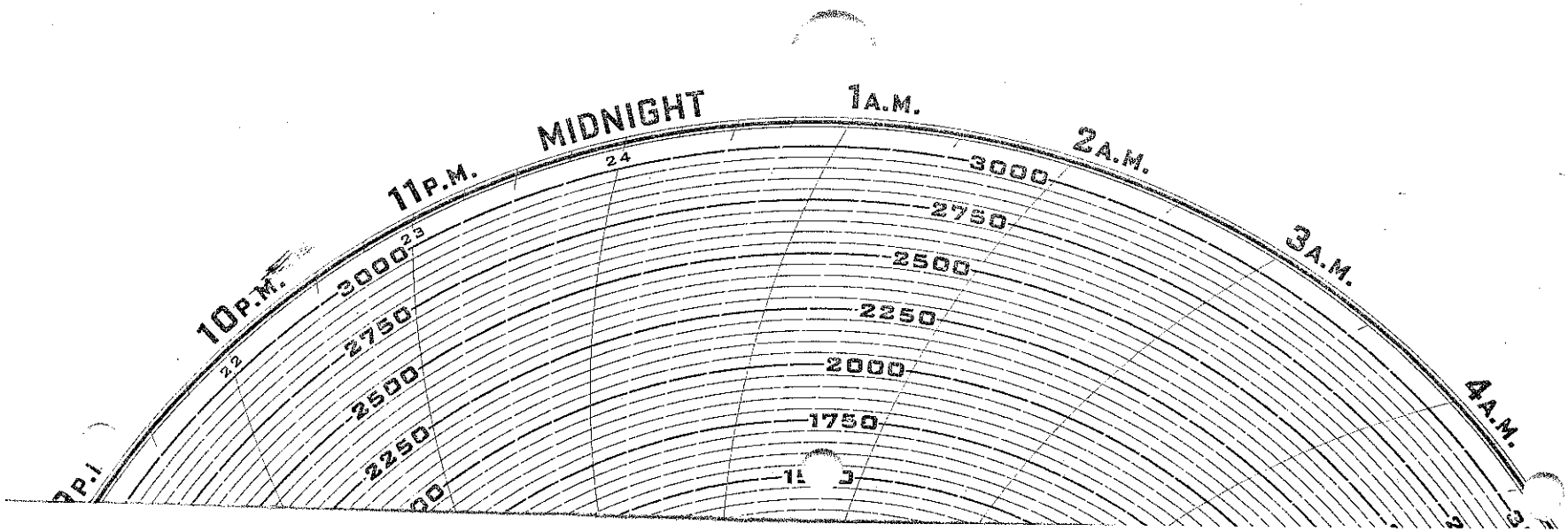
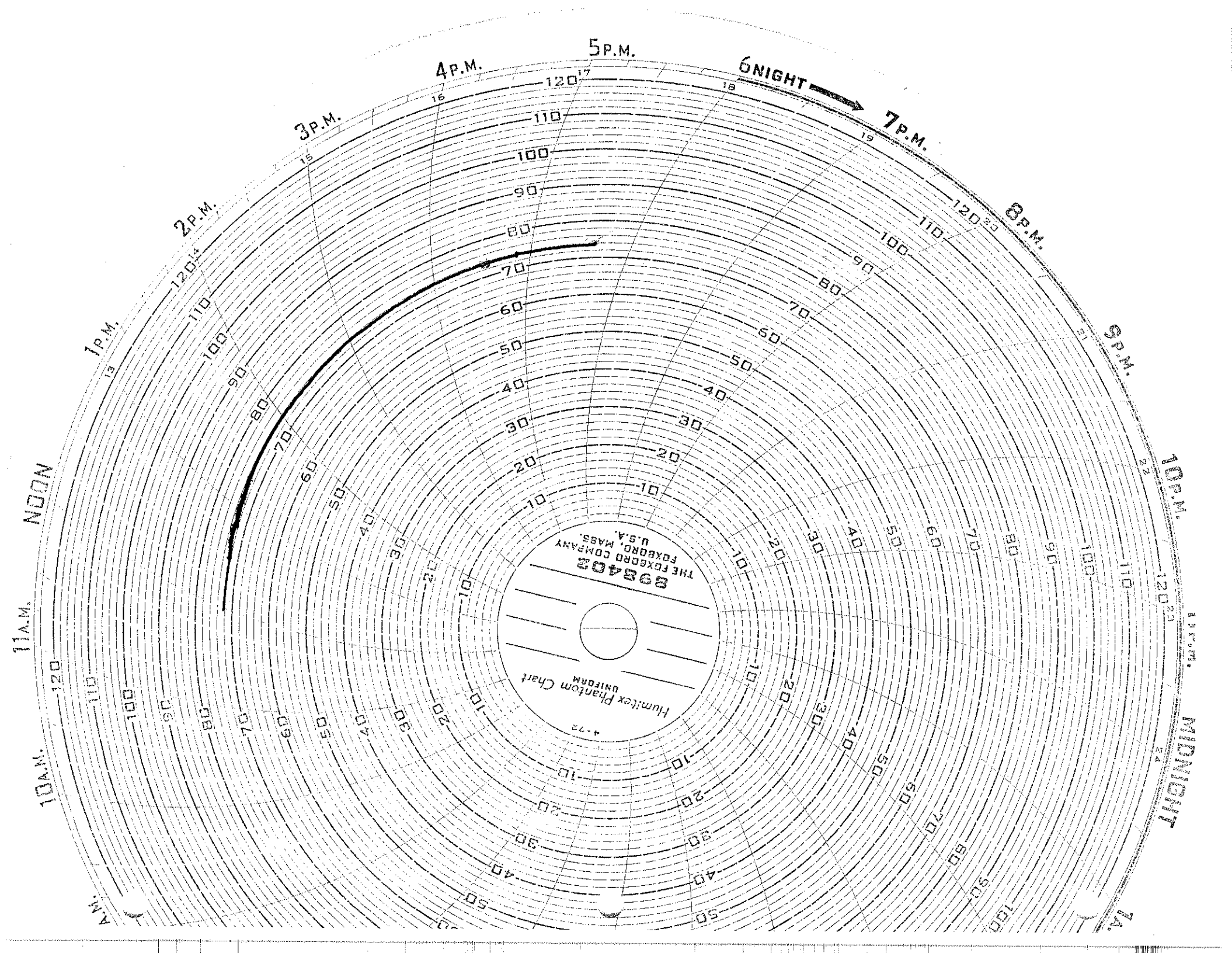
11 A.M.
NOON
1 P.M.
2 P.M.
3 P.M.
4 P.M.
5 P.M.
6 NIGHT
7 P.M.
8 P.M.
5 A.M.
Humitex Phantom Chart
89835
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.

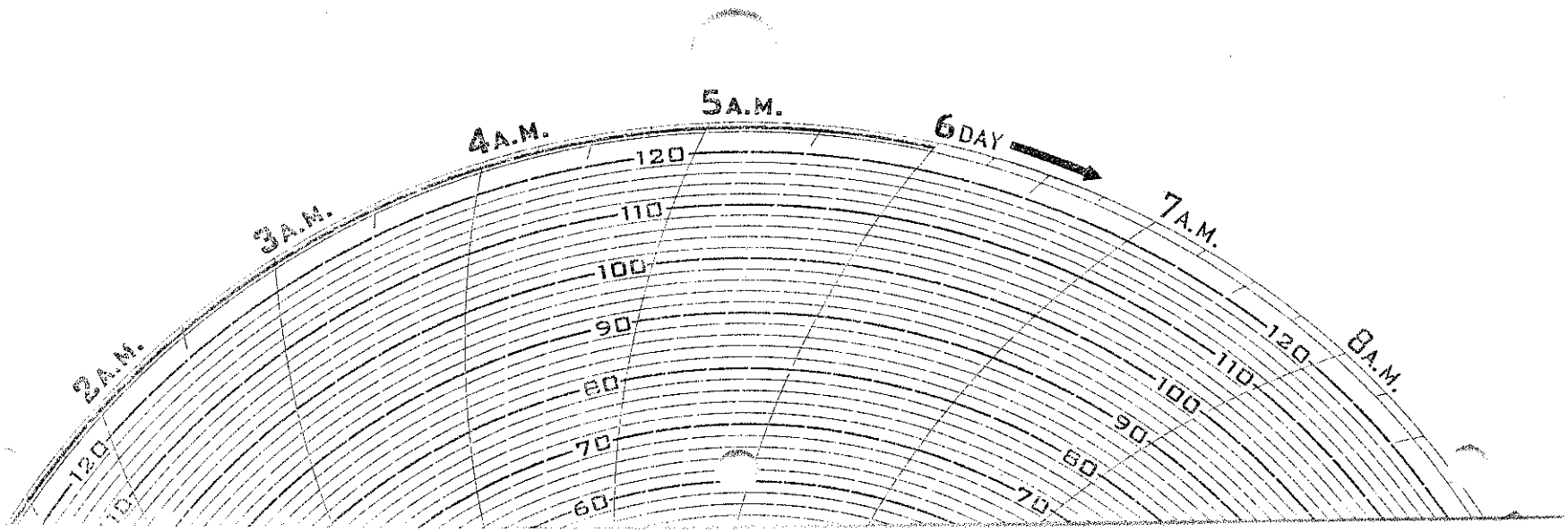
4 hr Hold - Bleed down & Isolate
5-1-84




Humitex Phantom Chart
UNIFORM
4-72
89840Z
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
NOON
1P.M.
2P.M.
3P.M.
4P.M.
5P.M.
6NIGHT
7P.M.
8P.M.
9P.M.
10P.M.
11P.M.
MIDNIGHT
1A.M.
10A.M.
11A.M.

#8-
5-1-84

TEMP.



#8

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Page _____ of _____

Contractor or Company: Dixie P/L

Pipe Line Description: 12"

Section Tested: From: Hattisburg Stn To: Carmichael Stn.

Test Section No.: 1 Length: 58 Mi

Type and Size of Pipe: 12" O. D. x 250 W.T. x Grade 52 Manufacturer: _____

Pressure Unit No.: 3581 Gallons per Stroke: 2.4 Fill Unit No.: LH-284 41 FP 1822 1826

Pressure Unit Location: Hattisburg Stn Water Source: Leaf River

Time and Date Test Started: 1:30 ~~AM~~ PM 5-1-84 Test Pressure (Maximum): 1857 PSIG

Time and Date Test Ended: 5:30 ~~AM~~ PM 5-1-84 Pressure Volume Plot: Yes _____ No ✓

Section Accepted _____ Section Leaking ✓ Section Ruptured _____

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-1-84

TIME	PRESSURE	TEMP DEG.F Ambient	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
12:10 ~~AM~~ PM	1022	75°	4:15 AM PM	1857	81°	AM PM		
1:13	1857	85°	4:30	1857	80°			
1:30	1855	85°	4:45	1853	79°			
1:45	1848	85°	5:00	1849	78°			
2:00	1845	85°	5:15	1844	77°			
2:15	1842	85°	5:30	1839	75°			
Rep 2:25	1840-1857	85°						
½ strks 2:45	1857	87°						
3:00	1854	87°						
3:15	1851	87°						
3:30	1848	87°						
3:45	1844	87°						
4:00	1840	85°						
Rep → 4:05 of strks	1840-1857	85°						

Strokes per 10 psi: 53 Remarks: _____

Milbar Supt. [redacted] Inspector _____

Witness: 1. [redacted] 2. [redacted]

Gauges and Recorders Last Tested _____ Deadweight Serial No. 7222

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.			
5	1	84	34	571	FROM 1 9 6 4 6 + 0 2 TO 1 9 6 4 6 + 7 4	COL. 1 INSPECTION X COL. 2 REPAIR	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR ~~PARISH~~ XXXXX: Forrest

NAME OF LINE: Dixie Pipeline Company

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1. X FIELD; 2. ___ TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12 Inch

TENANTS NAME AND ADDRESS: ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: Jimmy D. Runnels, Zachary, LA ZIP 70791

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK
	NW/4	9	5N	12W	

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE H D 5 Propane NAME	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:

1" Split in the Seam.

Replaced with 71'7" of

.250 W.T. x 52 Pipe.

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. X SAND
3. ___ SHALE
4. X CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING ___ %

EXTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. ___ PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

Traveled Row - No Damage. No Cost

REMARKS

FOREMAN IN CHARGE REPAIRS: [redacted]

COL. 80 APPROVED: 2

DATE OF THIS REPORT		
COL. 32-33	COL. 34-35	COL. 36-37
MONTH 0 5	DAY 1 4	YEAR 8 4

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From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person: None | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home ☐ or to Hospital ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] | Telephone No.

Tenant's Name and Address | Telephone No.

Nature and extent of damage: Dug on Row - No Damage

THE ACCIDENT

Date of accident or ~~construction~~ xxxxxxx: 5/1 19 84 Hour 1800 AM ☐ PM ☐ | Charge | Estimated Cost of Replacement or repair $ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): M.P. 372.09; Inv. #19646 + 38 | County and/or Company Property No.: Forrest, Tract 42

What work or business was being done there: Hydrostatic Testing - Repairing Leak.

Nature and cause of accident or construction (Describe fully):
Seep Leak.
Replaced with 71'7" of .250 W.T. X52 Pipe.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts	P. O. Drawer, Lexington, SC 29520	803-359-4137

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6 19 84	

Form 972-S 9-82

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From _____

REPORT OF ACCIDENT — PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital	Name and address of Hospital	Telephone No.
☐ ☐		

PROPERTY DAMAGE

Owner's Name and Address	Telephone No.
[redacted]	

Tenant's Name and Address	Telephone No.
[redacted]	

Nature and extent of damage Crossed rye grass field and owner says we destroyed $150 worth of rye grass. Dug 8' x 103' Ditch.

THE ACCIDENT

Date of accident or construction	Charge	Estimated Cost of Replacement or repair
5/2 19 84 Hour 1158 AM ☐ PM ☐	#469	$150 per Owner

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M.P. 372.48; Inv. #19666 + 87	Forrest, Tract 42

What work or business was being done there

Dug Hole for #1 Weld Cap.

Nature and cause of accident or construction (Describe fully)

Hydrostatic Testing - Looking for leak.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage		Telephone No.

Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels,	P. O. Box 639, Zachary, LA 70791	504-654-4137
Dickie Calmes,	P. O. Box 639, Zachary, LA 70791	504-654-4137
M. L. Watts,	P. O. Drawer 968, Lexington, SC 29520	803-359-9175

This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	
Eng. Aide #2	June 6, 19 84	[redacted]

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REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital ☐ ☐	Name and address of Hospital	Telephone No.

PROPERTY DAMAGE

Owner's Name and Address	Telephone No.
[redacted]	

Tenant's Name and Address	Telephone No.

Nature and extent of damage
Dug Ditch on Row.

THE ACCIDENT

Date of accident or construction	Charge	Estimated Cost of Replacement or repair
5/4/ 19 84 Hour 1740 AM ☐ PM ☐		$ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M.P. 372.10; Inv. #19646 + 84	Forrest, Tract 41

What work or business was being done there
Dug Hole for #5 Weld Cap.

Nature and cause of accident or construction (Describe fully)
Hydrostatic Testing - Looking for Leak.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage	Telephone No.

Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
Jimmy D. Runnels	P. O. Box 639, Zachary, LA 70791	504-654-4137
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This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6, 19 84	cessary

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REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

RATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital ☐ ☐	Name and address of Hospital	Telephone No.

PROPERTY DAMAGE

Owner's Name and Address	Telephone No.
[redacted]	

Tenant's Name and Address	Telephone No.

Nature and extent of damage Dug 12' x 100' Ditch on Row. #2 Weld Cap.
No Damage.

THE ACCIDENT

Date of accident or construction	Charge	Estimated Cost of Replacement or repair
5/3 19 84 Hour 0930 AM ☐ PM ☐	6469	$ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M.P. 370.31; Inv. #19552 + 60	Forrest, Tract 38

What work or business was being done there
Dug Hole for #2 Weld Cap.

Nature and cause of accident or construction (Describe fully)
Hydrostatic Testing - Looking for Leak.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage	Telephone No.

Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

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This report made out by	Address (Street & No.)	City & State	Telephone No.
Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted] essary
Eng. Aide #2	June 6, 1984	

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REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Western	

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person	Age	Male ☐ or Female ☐	Married ☐ or Single ☐
None			

Address (Street & No.)	City, State & Zip Code	Telephone No.

Occupation	By whom employed	Address (Street & No.)	Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician	Telephone No.

Take Home or to Hospital ☐ ☐	Name and address of Hospital	Telephone No.

PROPERTY DAMAGE

Owner's Name and Address	Telephone No.
[redacted]	

Tenant's Name and Address	Telephone No.

Nature and extent of damage: Dug Ditch on Row 12' x 100'

THE ACCIDENT

Date of accident or construction	Charge	Estimated Cost of Replacement or repair
5/4 19 84 Hour 1030 AM ☐ PM ☐	6469	$ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks)	County and/or Company Property No.
M.P. 371.30; Inv. #19604 + 89	Forrest, Tract 41

What work or business was being done there: Dug Hole for #3 Weld Cap.

Nature and cause of accident or construction (Describe fully): Hydrostatic Testing - Looking for Leak.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage		Telephone No.
Name and Address of Insurance Company	Policy No.	Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made	Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

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Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6, 84	

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PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

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ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person: None | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] | Telephone No.

Tenant's Name and Address | Telephone No.

Nature and extent of damage
Dug Ditch on Row.

THE ACCIDENT

Date of accident or construction: 5/4/ 1984, Hour 1310 AM ☐ PM ☐ | Charge | Estimated Cost of Replacement or repair $ -0-

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): M.P. 371.80; Inv. #19630 + 88 | County and/or Company Property No.: Forrest, Tract 41

What work or business was being done there
Dug Hole for #4 Weld Cap.

Nature and cause of accident or construction (Describe fully)
Hydrostatic Testing - Looking for Leak.

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
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Dickie Calmes	3644 Baker Rd.	Zachary, LA 70791	504-654-4137

Position	Date	[redacted]
Eng. Aide #2	June 6, 1984	

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Section #1

Hattiesburg to Carmichael

Hattiesburg Elevation:	157'	(MP 367.39)
High Point Elevation:	390'	(MP 404.62)
Low Point Elevation:	105'	(MP 411.93)
Carmichael Elevation:	303'	(MP 425.52)

Test Pressures @ Hattiesburg:	1st 4 hours:	Test:	1857 PSI
		Repressure:	1837 PSI
	2nd 4 hours:	Test:	1649 PSI
		Repressure:	1629 PSI

Maximum Pressure @ Low Point = 1870 PSI = 91.7% SMYS

CHANGE IN PRESSURE DUE TO CHANGE IN VOLUME

$$\Delta V = 9.21\ \Delta P \quad \text{(GAL/PSI)}$$

CHANGE IN PRESSURE DUE TO CHANGE IN TEMPERATURE

$$\Delta P = 15.51 \Delta T \quad \text{(PSI/°F)}$$