

01/10/2013
NRC FORM 664
02 - 2004
10 CFR 31.5

U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocoll@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NE08-10202, (3150-0000). Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

**General License
Registration Number**

SECTION 1 - GENERAL LICENSEE INFORMATION

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: NABORS COMPLETION AND PRODUCTION SERVICES CO.

[illegible]

Department:

[illegible]

Address Line 1:

1650 Hackers Creek Rd.

Address Line 2:

[illegible]

City:

J	a	n	e	L	e	w
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State:

ω	V
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Zip Code:

2	6	3	7	8
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[illegible]

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SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

[illegible][illegible]

7

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H	S	E		R	a	d	i	a	T	i	o	n		3		E	x	p	l	o	s	,		ves	Manager
---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	--	-----	---------

Enter the mailing address where correspondence regarding your device(s) should be sent.

This address should be specific to the use or storage location of your device(s).

[illegible][illegible][illegible][illegible]

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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor License Number (if known)

L 0 3 5 2 4

Device Model Number (Not Source Model)

5 1 9 0

Device Serial Number

B 7 1 3 0

How acquired and date (e.g.,
from a distributor/manufacture,
other licensee, other source)?☒ Manufacturer/Initial Transferor listed above☐ Other General Licensee☐ Other SourceDate Transferred:
(Received)07 11 2008
MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1.	C 5 1 3 7	2 0 0	m C i
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

Thermo Fisher Scientific

Initial Transferor Name

Thermo Fisher Scientific

Initial Transferor License Number (if known)

103524

Device Model Number (Not Source Model)

5190

Device Serial Number

B7182

How acquired and date (e.g.,
from a distributor/manufacture,
other licensee, other source)?

☒ Manufacturer/Initial Transferor listed above

☐ Other General Licensee

☐ Other Source

Date Transferred:
(Received)

05 09 2006
MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1.	Cs137	200	mCi
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor License Number (if known)

L 0 3 5 2 4

Device Model Number (Not Source Model)

5 1 9 2

Device Serial Number

B 7 2 8 6

How acquired and date (e.g.,
from a distributor/manufacture,
other licensee, other source)?

☒ Manufacturer/Initial Transferor listed above

☐ Other General Licensee

☐ Other Source

Date Transferred:
(Received)

1 1 0 1 2 0 0 7
MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C 5 1 3 7

2 0 0

m C i

2.

3.

4.

5.

6.

7.

8.

9.

10.

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor License Number (if known)

L 0 3 5 2 4

Device Model Number (Not Source Model)

S 1 9 0

Device Serial Number

B 7 3 0 4

How acquired and date (e.g.,
from a distributor/manufacture,
other licensee, other source)?☒ Manufacturer/Initial Transferor listed above☐ Other General Licensee☐ Other SourceDate Transferred:
(Received)

0 8 2 4 2 0 0 6

MM

DD

YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C 5 1 3 7

2.

3.

4.

5.

6.

7.

8.

9.

10.

2 0 0

m C i

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SECTION 3

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

Initial Transferor Name

Initial Transferor License Number (if known)

Device Model Number (Not Source Model)

Device Serial Number

How acquired and date (e.g.,
from a distributor/manufacturer,
other licensee, other source)?

- Manufacturer/Initial Transferor listed above

- ☐ Other General Licensee

Date Transferred:
(Received)

04	09	20	12
MM	DD	YYYY	

- ☐ Other Source

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

0.					
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[illegible]

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SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

Thermo Fisher Scientific

Initial Transferor Name

Thermo Fisher Scientific

Initial Transferor License Number (if known)

LO3524

Device Model Number (Not Source Model)

5190

Device Serial Number

B7994

☒ Manufacturer/Initial Transferor listed above

How acquired and date (e.g., from a distributor/manufacturer, other licensee, other source)?

☐ Other General Licensee

☐ Other Source

Date Transferred: (Received)

12 28 2011
MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. Cs137

200

mCi

2.

3.

4.

5.

6.

7.

8.

9.

10.

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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

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Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor Name

T h e r m o F i s h e r S c i e n t i f i c

Initial Transferor License Number (if known)

L 0 3 5 2 4

Device Model Number (Not Source Model)

S 1 9 0

Device Serial Number

B 7 9 9 5

How acquired and date (e.g.,
from a distributor/manufacture,
other licensee, other source)?☒ Manufacturer/Initial Transferor listed above☐ Other General Licensee☐ Other SourceDate Transferred:
(Received)1 2 2 8 2 0 1 1
MM DD YYYY

Isotope (e.g. AM241)

Activity (e.g. 100)

Unit (e.g. mCi)

1. C 5 1 3 7

2 0 0

m C i

2.

3.

4.

5.

6.

7.

8.

9.

10.

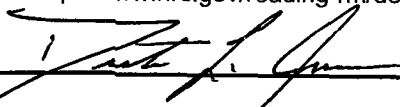
SECTION 5 - CERTIFICATION

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.

(Copies of applicable regulations may be viewed at the NRC website at:

<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



4-22-2013

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

WARNING: FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.