



SECTION 1

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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 infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-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.

General License

SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number

GL-725959-17

Company Name: BP GULF OF MEXICO

[illegible]

Department: KING WEST (D-3)

[illegible]

Address Line 1: 200 WESTLAKE PARK BLVD

[illegible]

Address Line 2: LAT:28° 53' 36.0564"LONG:-87°

[illegible]

City: HOUSTON

[illegible]

State: TX

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Zip Code: 77079 -

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| For NRC Use Only <i>(Do not write here)</i> | | | | Category: | | | | | |
| | | | | Packet Receipt Date (MMDDYYYY): | | | | | |
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GL-725959-17

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SECTION 1

PAGE 2 of 2

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).

Last Name: GALLUCCI

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First Name: JOSEPH

Middle Initial: M

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Telephone: (281) 366-2016

Extension:

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Title: ~~CURRENT SAFETY OFFICER~~

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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).

Department: ~~KING WEST (D-3)~~

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Address Line 1: 200 WESTLAKE PARK BLVD

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State: TX

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Zip Code: 77079 -

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SECTION 1
PAGE 2 of 2

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

[illegible]

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SECTION 1
PAGE 2 of 2

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

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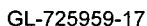
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SECTION 2

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Our records indicate that you have these devices. Please update the information as necessary.

NRC Device Key **820329** **(Internal Control Number)**

Distributor/Distributed By: ROXAR, INC.

[illegible]

Distributor License Number: 42-27765-01

[illegible]

Manufacturer Name: ROXAR, INC.

[illegible]

Device Model (Not Source Model): RFM SH-7950

[illegible]

Device Serial Number: 2002-0717

[illegible]

Transfer Date (Receipt Date): 06/15/2003

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☐ Not in possession of device
(Also complete Section 4.)

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Manufacturer Name

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

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Unit (e.g. mCi)

[illegible]



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SECTION 4 - NOT IN POSSESSION OF DEVICE**SECTION 4**

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Provide information about devices listed in Section 2 or 6, but no longer in your possession.**Part 1**

NRC Device Key:

(from Section 2 or 6)

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Transfer Date:

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Location of the Device:

- ☐ Whereabouts Unknown (complete Part 1 only) ☐ Transferred to another general licensee (complete Parts 2 and 3)
- ☐ Never Possessed the Device (complete Part 1 only) ☐ Transferred to a Specific Licensee (Not the manufacturer)
- ☐ Returned to Manufacturer (complete Part 1 only) (complete Part 2)

Part 2 License Number of Recipient (if transferred to a specific licensee):

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Company Name:

PLAIN'S EXPLORATION & PRODUCTION CO.

Department:

HSSE

Address Line 1:

717 TEXAS AVENUE STE 2100

Address Line 2:

ATTN: CHRIS CRANFORD

City:

HOUSTON

State:

TX

Zip Code:

77002 -

Part 3**Enter the name of the individual responsible for this device:**

Last Name:

~~CHRIS~~ CRANFORD

First Name:

CHRIS

Middle Initial:

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Telephone Number:

713

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Extension:

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Title:

SENIOR EH&S ADVISOR



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SECTION 5 - CERTIFICATION

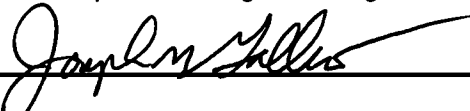
SECTION 5
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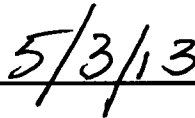
I hereby certify that:

- 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>)





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.



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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: