

March 18, 2015

Director, Office of Federal and State Materials and Environmental Management  
Programs  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Re: Report of Distribution or Receipt of Generally Licensed Devices

Dear Hector Luis Rodriguez-Luccioni, Ph.D.  
Hector Luis Rodriguez-Luccioni  
US NRC  
(301) 415-6004

Report for distribution or receipt of generally licensed devices pursuant to 25 TAC §289.252(l) or our radioactive material license, L-06458, were made in the calendar quarter beginning January 1, 2014 and ending March 31, 2014.

Nothing to report.

Sincerely,

  
Warren Sneedon  
Radiation Safety Officer

March 18, 2015

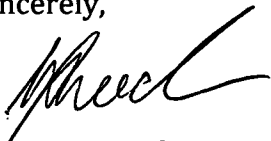
Director, Office of Federal and State Materials and Environmental Management  
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Re: Report of Distribution or Receipt of Generally Licensed Devices

Dear Hector Luis Rodriguez-Luccioni, Ph.D.  
Hector Luis Rodriguez-Luccioni  
US NRC  
(301) 415-6004

Report for distribution or receipt of generally licensed devices pursuant to 25 TAC §289.252(l) or our radioactive material license, L-06458, were made in the calendar quarter beginning April 1, 2014 and ending June 30, 2014.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Sneedon', written over a horizontal line.

Warren Sneedon  
Radiation Safety Officer



# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

**For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:**

NAME OF VENDOR Multi Phase Meters Inc.	REPORTING PERIOD	
	FROM 04/01/2014	TO 06/30/2014
LICENSE NUMBER L06458		

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Anadarko	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1201 Lake Robbins Drive The Woodlands, TX 77380 USA
NAME OF RESPONSIBLE INDIVIDUAL Teri Powell	
TITLE OF RESPONSIBLE INDIVIDUAL Regulatory Analyst	

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
02/20/2014	Sealed Source	SS-MPM	7961-12-09	Cs-137	7.4 Gbq(200mCi)
02/20/2014	Sealed Source	SS-MPM	7961-12-10	Cs-137	7.4 Gbq(200mCi)
02/20/2014	Sealed Source	SS-MPM	7961-12-11	Cs-137	7.4 Gbq(200mCi)
02/20/2014	Sealed Source	SS-MPM	7961-12-13	Cs-137	7.4 Gbq(200mCi)

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Anadarko	MAILING ADDRESS AT THE LOCATION OF USE(No., P.O. Boxes, include Zip Code) 1201 Lake Robbins Drive The Woodlands, TX 77380 USA
NAME OF RESPONSIBLE INDIVIDUAL Teri Powell	
TITLE OF RESPONSIBLE INDIVIDUAL Regulatory Analyst	

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
02/20/2014	Sealed Source	SS-MPM	7961-12-15	Cs-137	7.4 Gbq(200mCi)

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(TO GENERAL LICENSEES) (continued)**

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Murphy Oil Corporation		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 9805 Katy Freeway Suite G-200 Houston, TX 77024
NAME OF RESPONSIBLE INDIVIDUAL Jack Kogut	TELEPHONE (281) 675-9144	
TITLE OF RESPONSIBLE INDIVIDUAL RSO		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
04/12/2014	Sealed Source	SS-MPM	7902-12-03	Cs-137	7.4 Gbq(200mCi)
04/12/2014	Sealed Source	SS-MPM	7902-13-06	Cs-137	7.4 Gbq(200mCi)
05/22/2014	Sealed Source	SS-MPM	7902-13-07	Cs-137	7.4 Gbq(200mCi)

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE LLOG Exploration		MAILING ADDRESS AT THE LOCATION OF USE(No P.O. Boxes, include Zip Code) 1001 Ochsner Blvd Covington, La 70433
NAME OF RESPONSIBLE INDIVIDUAL Bruce Cooley	TELEPHONE (985) 801-4300	
TITLE OF RESPONSIBLE INDIVIDUAL Vice President - Facilities		

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
04/20/2015	Sealed Source	SS-MPM	7961-12-19	Cs-137	7.4 Gbq(200mCi)
04/20/2015	Sealed Source	SS-MPM	7961-13-03	Cs-137	7.4 Gbq(200mCi)

# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)**

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

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NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

## **INTERMEDIATE PERSON(S) (if any)**

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NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)**

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

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MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

(05-2013)  
10 CFR 32**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)(continued)****For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:****GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

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**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

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NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)****For each device for which required label information has been changed, supply the following:****GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

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**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)(continued)**

For each device for which required label information has been changed, supply the following:

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

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MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

March 18, 2015

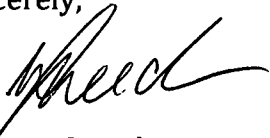
Director, Office of Federal and State Materials and Environmental Management  
Programs  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Re: Report of Distribution or Receipt of Generally Licensed Devices

Dear Hector Luis Rodriguez-Luccioni, Ph.D.  
Hector Luis Rodriguez-Luccioni  
US NRC  
(301) 415-6004

Report for distribution or receipt of generally licensed devices pursuant to 25 TAC §289.252(l) or our radioactive material license, L-06458, were made in the calendar quarter beginning July 1, 2014 and ending Sept 30, 2014.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Sneedon", written over a horizontal line.

Warren Sneedon  
Radiation Safety Officer



# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3150-0001), 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.

**For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:**

NAME OF VENDOR Multi Phase Meters Inc.	REPORTING PERIOD	
	FROM 07/01/2014	TO 09/30/2014
LICENSE NUMBER L06458		

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Chevron	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) Chevron North America Exploration and Production Company Gulf of Mexico Business Unit 100 Northpark Blvd. Covington, LA 70433		
NAME OF RESPONSIBLE INDIVIDUAL Patricia Ohrin	TELEPHONE (985) 773-6959		
TITLE OF RESPONSIBLE INDIVIDUAL GTOM NORM Specialist			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
09/14/2014	Sealed Source	SS-MPM	7902-11-01	Cs-137	7.4 Gbq(200mCi)
09/14/2014	Sealed Source	SS-MPM	7902-11-02	Cs-137	7.4 Gbq(200mCi)
09/14/2014	Sealed Source	SS-MPM	7902-11-03	Cs-137	7.4 Gbq(200mCi)
09/14/2014	Sealed Source	SS-MPM	7902-11-04	Cs-137	7.4 Gbq(200mCi)

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Chevron	MAILING ADDRESS AT THE LOCATION OF USE(No., P.O. Boxes, include Zip Code) Chevron North America Exploration and Production Company Gulf of Mexico Business Unit 100 Northpark Blvd. Covington, LA 70433		
NAME OF RESPONSIBLE INDIVIDUAL Patricia Ohrin	TELEPHONE (985) 773-6959		
TITLE OF RESPONSIBLE INDIVIDUAL GTOM NORM Specialist			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
09/14/2014	Sealed Source	SS-MPM	7902-11-05	Cs-137	7.4 Gbq(200mCi)
09/14/2014	Sealed Source	SS-MPM	7902-11-06	Cs-137	7.4 Gbq(200mCi)

# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)**

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)**

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
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## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)**

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

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DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

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NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

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**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)(continued)**

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

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**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)****For each device for which required label information has been changed, supply the following:****GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

**GENERAL LICENSEE USER INFORMATION**

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**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)(continued)**

For each device for which required label information has been changed, supply the following:

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

March 18, 2015

Director, Office of Federal and State Materials and Environmental Management  
Programs  
ATTN: GLTS  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Re: Report of Distribution or Receipt of Generally Licensed Devices

Dear Hector Luis Rodriguez-Luccioni, Ph.D.  
Hector Luis Rodriguez-Luccioni  
US NRC  
(301) 415-6004

Report for distribution or receipt of generally licensed devices pursuant to 25 TAC §289.252(l) or our radioactive material license, L-06458, were made in the calendar quarter beginning Oct 1, 2014 and ending Dec 31, 2014.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Sneedon", written over the printed name.

Warren Sneedon  
Radiation Safety Officer

**TRANSFERS OF INDUSTRIAL  
DEVICES REPORT  
(TO GENERAL LICENSEES)**

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

**For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:**

NAME OF VENDOR Multi Phase Meters Inc.	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER L06458	10/01/2014	12/31/2014

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Anadarko	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1201 Lake Robbins Drive The Woodlands, TX 77380 USA		
NAME OF RESPONSIBLE INDIVIDUAL Teri Powell	TELEPHONE (832) 636-1261		
TITLE OF RESPONSIBLE INDIVIDUAL Regulatory Analyst			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/12/2014	Sealed Source	TS-MPM	7902-11-26	Cs-137	7.4 Gbq(200mCi)
11/12/2014	Sealed Source	TS-MPM	7902-11-27	Cs-137	7.4 Gbq(200mCi)
11/12/2014	Sealed Source	TS-MPM	7902-11-28	Cs-137	7.4 Gbq(200mCi)
11/12/2014	Sealed Source	TS-MPM	7902-11-29	Cs-137	7.4 Gbq(200mCi)

**INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE Anadarko	MAILING ADDRESS AT THE LOCATION OF USE(No., P.O. Boxes, include Zip Code) 1201 Lake Robbins Drive The Woodlands, TX 77380 USA		
NAME OF RESPONSIBLE INDIVIDUAL Teri Powell	TELEPHONE (832) 636-1261		
TITLE OF RESPONSIBLE INDIVIDUAL Regulatory Analyst			

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
11/12/2014	Sealed Source	TS-MPM	7902-11-30	Cs-137	7.4 Gbq(200mCi)
11/12/2014	Sealed Source	TS-MPM	7902-11-31	Cs-137	7.4 Gbq(200mCi)

# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)**

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE LLOG Exploration		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1001 Ochsner Blvd Covington, La 70433	
NAME OF RESPONSIBLE INDIVIDUAL Bruce Cooley	TELEPHONE (985) 801-4300		
TITLE OF RESPONSIBLE INDIVIDUAL Vice President - Facilities			

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
12/14/2014	Sealed Source	SS-MPM	7961-13-01	Cs-137	7.4 Gbq(200mCi)

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

## **GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE		MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)	
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE		
TITLE OF RESPONSIBLE INDIVIDUAL			

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

# **TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)**

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

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NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

## **INTERMEDIATE PERSON(S) (if any)**

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
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NAME OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	
TITLE OF RESPONSIBLE INDIVIDUAL	

## **INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)**

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

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NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

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DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)

(05-2013)  
10 CFR 32**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)(continued)**  
For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:**GENERAL LICENSEE INFORMATION**

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)
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**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)**

For each device for which required label information has been changed, supply the following:

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

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**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)(continued)**

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FROM : FMC TECHNOLOGIES MPM  
16350 PARK TEN PLACE  
#211  
HOUSTON, TX 77084

**FIRST CLASS MAIL**

TO : DIRECTOR, OFFICE OF FEDERAL & STATE MATERIALS & ENVIRONMENTAL  
MANAGEMENT PROGRAM  
ATTN: GLTS  
US NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555-0001