



July 3, 2019

Don Lowman
Office of Nuclear Material Safety and Safeguards
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

**Report of Distribution of Generally Licensed Devices
Radioactive Material License L-06765 – Second Quarter 2019**

There was one generally licensed device received from a general license holder and five distributions to general license holders between April 1, 2019 and June 30, 2019. FMC Technologies, INC quarterly distribution report is included in pages 2, 3, and 4 of this document for your review.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

A handwritten signature in blue ink, reading 'Robert R. Roggenbuck Jr.' with a stylized flourish at the end.

Robert R. Roggenbuck Jr

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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 Information Services 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 FMC Technologies, Inc	REPORTING PERIOD	
LICENSE NUMBER L06765	FROM 04/01/2019	TO 06/30/2019

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 Dr. The Woodlands, TX 77380		
NAME OF RESPONSIBLE INDIVIDUAL Teri Powell	TELEPHONE (281) 787-9611	Meters to be installed in Gulf of Mexico	
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
05/13/2019	TOPSIDE MPFM	SH-7912	7912-16-04	Cs 137	200 mCi
05/13/2019	TOPSIDE MPFM	SH-7912	7912-16-05	Cs 137	200 mCi
04/01/2019	SUBSEA MPFM	SS-MPM-03	7961-18-10	Cs 137	200 mCi
07/01/2019	SUBSEA MPFM	SS-MPM-03	7961-18-11	Cs 137	200 mCi

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	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)

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 Talos Energy	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 333 Clay St #3300 Houston, TX 77002
NAME OF RESPONSIBLE INDIVIDUAL Aaron Weber	TELEPHONE (713) 328-3014
TITLE OF RESPONSIBLE INDIVIDUAL Subsea Projects Manager	
Meters to be installed in Gulf of Mexico	

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
06/05/2019	SUBSEA MPFM	SS-MPM-03	7961-14-45	Cs 137	200 mCi

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 (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

Murphy Exploration & Production Co

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

9805 Katy Fwy
Houston, TX 77024

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
06/25/2019	SUBSEA MPF	SS-MPM-03	4401-01-03	

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)

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)