



GL-724861-24
04/11/2019
NRC FORM 664
(04 - 2019)
10 CFR 31.5

SECTION 1
PAGE 1 of 2
ORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB NO 3150-0198

OMB EXPIRATION DATE 04/30/2019

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 FOIA Privacy and Information Collection Branch (T 6A10M) 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 0198) 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

SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number

GL-724861-24

Please cancel - All devices transferred - see sec 4 (6pgs)

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

Thank You

Company Name PETROBRAS AMERICA INC

[illegible]

Department OFFSHORE FED WATERS, GULF OF MEXICO

[illegible]

Address Line 1 10350 RICHMOND AVENUE

[illegible]

Address Line 2 WALKER RIDGE AREA BLK 469&206

[illegible]

City HOUSTON

[illegible]

State TX

--	--

Zip Code 77042

--	--	--	--	--

--	--	--	--

For NRC Use Only <i>(Do not write here)</i>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Category:</td> <td style="width: 40%; text-align: center;"> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> Packet Receipt Date (MMDDYYYY) </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> Accession Number </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> </tr> </table> </td> </tr> </table>	Category:	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>	Packet Receipt Date (MMDDYYYY)		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> </tr> </table>						Accession Number		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> </tr> </table>					
Category:	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>																		
Packet Receipt Date (MMDDYYYY)																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> </tr> </table>																			
Accession Number																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> <td style="border: 1px solid black; width: 25%; height: 40px;"></td> </tr> </table>																			



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

--	--	--	--



GL-724861-24

04/11/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE



SECTION 4

PAGE 1 of 6

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)

1600-08

Transfer Date

04 01 2019

MM

DD

YYYY

Location of the Device

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☐ Returned to Manufacturer (Complete Part 1 only)

- ☒ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

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

42-29335-01

Company Name

MURPHY EXPLORATION & PRODUCTION COMPANY-USA

Department

Address Line 1

9805 KATY FREEWAY, SUITE G-200

Address Line 2

City

HOUSTON

State

TX

Zip Code

77024

Part 3

Enter the name of the individual responsible for this device

Last name

TAYLOR

First name

RYAN

Middle Initial

Business Telephone
Number

281 647 5741

Extension

Title

GOM HSE TEAM LEAD



GL-724861-24

04/11/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE



SECTION 4

PAGE 2 of 6

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)

1601-08

Transfer Date

04 01 2019

MM

DD

YYYY

Location of the Device

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☐ Returned to Manufacturer (Complete Part 1 only)

- ☒ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

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

42-29335-01

Company Name

MURPHY EXPLORATION & PRODUCTION COMPANY-USA

Department

Address Line 1

9805 KATY FREEWAY, SUITE G-200

Address Line 2

City

HOUSTON

State

TX

Zip Code

77024 -

Part 3

Enter the name of the individual responsible for this device

Last name

- TAYLOR

First name

RYAN

Middle Initial

Business Telephone
Number

281 647 5741

Extension

Title

GOM HSE TEAM LEAD



GL-724861-24

04/11/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 3 of 6

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)

1602-08

Transfer Date

04 01 2019

MM

DD

YYYY

Location of the Device

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

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

42-29335-01

Company Name

MURPHY EXPLORATION & PRODUCTION COMPANY-USA

Department

Address Line 1

9805 KATY FREEWAY, SUITE G-200

Address Line 2

City

HOUSTON

State

TX

Zip Code

77024 -

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

Last name

TAYLOR

First name

RYAN

Middle Initial

Business Telephone
Number

281 647 5741

Extension

Title

GOM HSE TEAM LEAD



GL-724861-24

04/11/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 4 of 6

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)

1603-08

Transfer Date

04 01 2019

MM

DD

YYYY

Location of the Device

- ☐ Whereabouts Unknown (Complete Part 1 only)
- ☐ Never Possessed the Device (Complete Part 1 only)
- ☐ Returned to Manufacturer (Complete Part 1 only)

- ☒ Transferred to another general licensee (Complete Parts 2 and 3)
- ☐ Transferred to a Specific Licensee (Not the manufacturer)
(Complete Part 2)

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

42-29335-01

Company Name

MURPHY EXPLORATION & PRODUCTION COMPANY-USA

Department

Address Line 1

9805 KATY FREEWAY, SUITE G-200

Address Line 2

City

HOUSTON

State

TX

Zip Code

77024 -

Part 3

Enter the name of the individual responsible for this device

Last name

TAYLOR

First name

RYAN

Middle Initial

Business Telephone
Number

281 647 5741

Extension

Title

GOM HSE TEAM LEAD



GL-724861-24

04/11/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE

SECTION 4
PAGE 5 of 6

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)

1867-11

Transfer Date

04 01 2019

MM

DD

YYYY

Location of the Device

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

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

42-29335-01

Company Name

MURPHY EXPLORATION & PRODUCTION COMPANY-USA

Department

Address Line 1

9805 KATY FREEWAY, SUITE G-200

Address Line 2

City

HOUSTON

State

TX

Zip Code

77024 -

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

Last name

TAYLOR

First name

RYAN

Middle Initial

Business Telephone
Number

281 647 5741

Extension

Title

GOM HSE TEAM LEAD



GL-724861-24

04/11/2019

SECTION 4 - NOT IN POSSESSION OF DEVICE



SECTION 4

PAGE 6 of 6

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)

09-19

Transfer Date

04 01 2019

MM

DD

YYYY

Location of the Device

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

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

42-29335-01

Company Name

MURPHY EXPLORATION & PRODUCTION COMPANY-USA

Department

Address Line 1

9805 KATY FREEWAY, SUITE G-200

Address Line 2

City

HOUSTON

State

TX

Zip Code

77024 -

Part 3

Enter the name of the individual responsible for this device

Last name

- TAYLOR

First name

RYAN

Middle Initial

Business Telephone
Number

281 647 5741

Extension

Title

GOM HSE TEAM LEAD



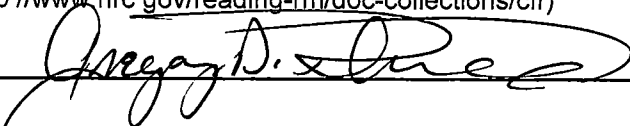
GL-724861-24
04/11/2019

SECTION 5 - CERTIFICATION

SECTION 5
PAGE 1 of 1

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
(Copied of applicable regulations may be viewed at the NRC website at
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



26 April 2019

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. 10 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.





04/11/2019

SECTION 2

PAGE 1 of 6

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

MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 1005)	Unit (e.g. mCi)
1	CS137	30	mCi
2			
3			
4			
5			
6			





04/11/2019

SECTION 2

PAGE 2 of 6

Distributor/Distributed By ROXAR, INC

[illegible]

						/					
--	--	--	--	--	--	---	--	--	--	--	--

[illegible][illegible][illegible]

--	--	--	--

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

YYYY

Unit (e g mCi)

mCi

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--

--	--	--	--	--

[illegible]

--	--	--





04/11/2019

SECTION 2

PAGE 4 of 6

832120 (Internal Control Number)

[illegible]

							/				
--	--	--	--	--	--	--	---	--	--	--	--

[illegible][illegible][illegible]

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

DD

YYYY

	Isotope (e g AM241)	Activity (e g 1005)	Unit (e g mCi)
1	CS137 <div><div></div><div></div><div></div><div></div><div></div></div>	30 <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	mCi <div><div></div><div></div><div></div></div>
2	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
3	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
4	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
5	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
6	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>





--	--	--



