NRC FORM 241 (5-96) 10 CFR 150 — U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013 — EXPIRES: 6/30/99

Estimated burden per response to comply with this mandatory information collection request: 16 minutes. This information is required so that NRC may schedule inspection of the activities to ensure that they are conducted in accordance with requirements for protection of the public health and safety. Forward comments regarding burden estimate to the Information and Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0013), Office of Management and Budget, Washington, DC 20503. NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES

(Please read the instructions on the cover sheet before completing this form.)

1. NAME OF LICENSEE (Name of firm applying to conduct the activities described below)

Production Logging, Inc.

2. ADDRESS OF LICENSEE (Street address or other location where activities will be conducted)

P. O. Box 707
(2265 State Highway 208 North)
Snyder TX 79550

2. TYPE OF REPORT: INITIAL / REVISION / CLARIFICATION (X)

3. CONTROL NUMBER (Leave Blank - Number to be assigned by NRC)

DEC 16 1999

4. LICENSEE CONTACT: Gary Gunset, Gerald Gunset or Eloise Gunset

5. TELEPHONE NUMBER (Include Area Code): 915-573-4441

6. FACSIMILE NUMBER (Include Area Code): 915-573-3171

8. ACTIVITIES TO BE CONDUCTED IN NON-AGREEMENT STATES UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20

- (X) WELL LOGGING
- LEAK TESTING AND/OR CALIBRATIONS
- TELETHERAPY/IRRADIATOR SERVICE
- PORTABLE GAUGES
- OTHER (Specify)
- RADIOGRAPHY
- TRANSPORTATION DOT PROGRAM APPROVAL NO. & REV. NO.
- REGISTERED ASUSER OF PACKAGINGS (CERTIFICATE OF COMPLIANCE NOS.)

9. CLIENT NAME AND ADDRESS (Street and Number, City and State, ZIP Code)

Mobil Exploration & Production U.S.
907 South May Street
Route 2, Box 103
Guymon, Texas County, OK 73942

10. WORK LOCATION ADDRESS (Street and Number or other location. Give as complete an address or directions as possible)

Fostle Field, Guymon, OK
FGMU Unit
HAMU Unit
FGMU Unit

11. CLIENT TELEPHONE NUMBER (Include Area Code)

12. WORK LOCATION TELEPHONE NUMBER AUTHORIZED TO PERFORM WORK

13. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

14. DATES SCHEDULED: FROM / TO — 12-19-99 thru 12-30-99

15. NUMBER OF WORK DAYS: 12

16. LOCATION REFERENCE NUMBER (LEAVE BLANK FOR INITIAL NRC FORM 241 REQUESTS. NUMBER TO BE ASSIGNED BY NRC): 00954

(15) ADDITIONAL WORK SITES ON SEPARATE SHEET TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 9-16 ABOVE

17. LIST RADIOISOTOPES, MAXIMUM AMOUNT TO BE POSSESSED, USE (STATE EXPLICITLY), AND DEVICES TO BE USED IN NON-AGREEMENT STATES (Include chemical or physical form of radioactive material, sealed sources, or devices to be used.)

I-131 (20 mCi a week)

18. AGREEMENT STATE LICENSE(S) FROM AUTHORITIES THE LICENSEE TO CONDUCT ACTIVITIES WHICH ARE THE SAME EXCEPT FOR LOCATION OF USE AS SPECIFIED IN ITEM 8 (Give the exact name of the specific license, issued by the Agreement State, corresponding to the NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE	TOTAL USAGE DAYS TO DATE
L02698	Texas (letter dated 4-22-97)	5-31-97	50

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

THE UNDERSIGNED HEREBY CERTIFIES THAT:

a. All information in this report is true and complete.

b. I have read and understand the portion of the general license 10 CFR 150.20 referred on the cover sheet of this form set; and I understand that I am required to comply with those provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States or offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.

c. I understand that activities including storage, conducted in Non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 days in calendar year.

d. I understand that I may be inspected by NRC at the client's work site locations and at the Licensee home office address for activities performed in Non-Agreement States or offshore waters. I am also aware that I will be responsible for any fees associated with such inspections.

e. I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described, shown or referenced above, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER (Type or print name and title of Licensee's Authorized Representative) — Gerald R. Gunset, CEO & President

SIGNATURE — Gerald R. Gunset

DATE — 12-16-99

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

FOR NRC USE ONLY — NRC REPRESENTATIVE (Typed Name and Title): M. C. Hernandez, Radiation Specialist — SIGNATURE: M.C. Hernandez — DATE: 12/16/99

PDR STPRG

NE05
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UNITED STATES

NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

DEC 16 1999

MEMORANDUM TO: Shirley Crutchfield
License Fee & Accounts Receivable Branch (T9 E10)

FROM: Christi Hernandez
Nuclear Materials Licensing Branch, Region IV MCH.

SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

   Applicant/Licensee:

   NRC Form 241 Dated:

   Agreement State License:

   Program Code(s):

2. REVISION ATTACHED

   Licensee:

   Agreement State License:

3. **CLARIFICATION ATTACHED**

   Licensee: Production Logging, Inc.

   Agreement State License: TX L02698

4. FEE ATTACHED

   Amount: $ Check: #

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount: _____
2. Correct Fee Paid. Submittal may be processed for:

   General License _____

   Revision _____

Signed _____ Date _____