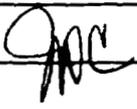


ACCEPTANCE REVIEW MEMO

Licensee: Integrated Production Services
License No.: 17-27763-01 **Docket No.:** 030-36382
Mail Control No.: 470793
Type of Action: Amend **Date of Requested Action:** 11-16-05
Reviewer Assigned: Jackie **Date Assigned to Reviewer:** 12-20-05
Reviewer(s) Who Performed Review: Gaines

Response Received	Deficiencies Noted During Acceptance Review
	1. Complete NUREG 1556 Vol 15 Appendix F.
	2.
	3.
	4.

Reviewer's Initials: JAC

Date: 1/17/06

Branch Chief's and/or SR. HP's Initials: ADG

Date: 1/17/06

<input type="checkbox"/> Yes <input type="checkbox"/> No	Action - decommissioning notification should be issued within 30 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes <input type="checkbox"/> No	Action to be expedited
	<input type="checkbox"/> Medical emergency <input type="checkbox"/> Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license) <input type="checkbox"/> National Security <input type="checkbox"/> Other (_____)
Branch Chief's and/or Sr. HP's Initials: _____	
Date: _____	

SISP Review	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Non-Publicly Available, Sensitive if <u>any</u> item below is checked
	<input type="checkbox"/> Radionuclides, forms, and quantities
	<input type="checkbox"/> Location of RAM
	<input type="checkbox"/> Building drawings with locations of RAM
	<input type="checkbox"/> Security of RAM (locks, alarms, etc.)
	<input type="checkbox"/> SS&D Catalog information
	<input type="checkbox"/> Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)
	<input type="checkbox"/> Safeguards Information
Branch Chief's and/or Sr. HP's Initials: <u>ADG</u>	
Date: <u>12/20/05</u>	



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

JAN 09 2006

FACSIMILE FORM

DATE: December 29, 2005

MESSAGE TO: Bill McKee
Integrated Production
Services

Docket: 030-36382
License: 17-27763-01
Control: 470793

MESSAGE FROM: Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Licensing Branch
Telephone number 817-860-8132
Facsimile number 817-860-8263

NUMBER OF PAGES: 3

FACSIMILE NUMBER: 337-839-0409 VERIFICATION NUMBER: 337-839-0679

Mr. Bill McKee:

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information on the following pages is required. **Please respond to this fax by close of business Monday, January 9, 2006.** Our fax number is (817) 860-8263. If you have any questions regarding this fax, please contact me. When responding to this fax, please include the license, docket, and mail control numbers, located at the top of this page as well as the following pages. Thank you.

A handwritten signature in cursive script that reads "Jacqueline D. Cook".

Jacqueline D. Cook, Senior Health Physicist

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

B. No name change

New name of licensed organization: CONSOLIDATED PRODUCTION SERVICES "CPS"

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

Integrated Production Services

-2-

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program: *QUARTERLY AUDITS of ALL SOURCES, 24 hr CAMERA SURVEILLANCE, DAILY INVENTORY OBSERVATIONS.*

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes [] No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

[] New licensee [] NRC for license termination Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

[] Description of proposed licensed program attached

OR

_____ will abide by all constraints, conditions, requirements and commitments of _____
(transferee) (transferor)

Signature/Title
Transferee

Signature/Title
Transferor

date

date

OR

Not applicable (name change only)

Bryan Suprenant
Certifying Officer - Signature

1/04/2006
Date

Bryan Suprenant VP-USFS
Certifying Officer - Typed name and title



Fax

To: Jackie Cook From: Bill Meyer
Fax: _____ Pages: 3
Phone: _____ Date: _____
Re: _____ CC: _____

- Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

1/15/2006 13:32 8178608263

USNRC RIV

PAGE 01/03



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

FACSIMILE FORM

DATE: December 29, 2005

MESSAGE TO: Bill McKee
Integrated Production
ServicesDocket: 030-36382
License: 17-27763-01
Control: 470793MESSAGE FROM: Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Licensing Branch
Telephone number 817-860-8132
Facsimile number 817-860-8263

NUMBER OF PAGES: 3

FACSIMILE NUMBER: 337-839-0409 VERIFICATION NUMBER: 337-839-0679

Mr. Bill McKee:

10 CFR 30.34(b) states that "no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

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Jacqueline D. Cook, Senior Health Physicist

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

See Item 6

B. No name change

New name of licensed organization: CONSOLIDATED PRODUCTION SERVICES "CPS"

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

Integrated Production Services

-2-

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program: QUARTERLY AUDITS of all SOURCES, 24 hr CAMERA SURVEILLANCE, DAILY INVENTORY OBSERVATIONS.

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes [] No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

[] New licensee [] NRC for license termination Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

[] Description of proposed licensed program attached

OR

Complete Production Services (transferee) will abide by all constraints, conditions, requirements and commitments of Integrated Production Services (transferor).

[Signature] HSE/RSD
Signature/Title
Transferee

1-4-2006
date

[Signature] HSE/RSD
Signature/Title
Transferor

1-4-2006
date

OR

Not applicable (name change only)

[Signature]
Certifying Officer - Signature

Bryan Suprenant VP-USFS
Certifying Officer - Typed name and title

1/04/2006
Date



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

FACSIMILE FORM

DATE: December 29, 2005

MESSAGE TO: Bill McKee
Integrated Production
Services

Docket: 030-36382
License: 17-27763-01
Control: 470793

MESSAGE FROM: Jacqueline D. Cook, Senior Health Physicist
Nuclear Materials Licensing Branch
Telephone number 817-860-8132
Facsimile number 817-860-8263

NUMBER OF PAGES: 3

FACSIMILE NUMBER: 337-839-0409 VERIFICATION NUMBER: 337-839-0679

Mr. Bill McKee:

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A handwritten signature in black ink, appearing to read "Jacqueline D. Cook".

Jacqueline D. Cook, Senior Health Physicist

ML153630308

Information Required for Change of Control and/or Change of Ownership
(to include a name change)

source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

B. No name change

New name of licensed organization: _____

C. No change in contact

New contact: _____

New telephone number: _____

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A. No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B. No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee NRC for license termination Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

Description of proposed licensed program attached

OR

_____ will abide by all constraints, conditions, requirements and commitments of _____
(transferee) (transferor)

Signature/Title
Transferee

Signature/Title
Transferor

date

date

OR

Not applicable (name change only)

Certifying Officer - Signature

Date

Certifying Officer - Typed name and title



November 17, 2005

NRC
Region IV
611 Ryan Plaza Drive, Suite 400
Arlington, Tx. 76011-4005

Dear: Sir

Integrated Production Services, Inc. has been purchased by Complete Production Services, Inc. Therefore, IPS will be operating as Integrated Production Services, LLC under our current license number 17-27763-01. The effective date of this merger was November 10, 2005.

The current address for Integrated Production Services, LLC is 205 Industrial Trace, Broussard, LA 70518. The telephone number is (337) 839-0679. The address for Complete Production Services, Inc. is 3700 Buffalo Speedway Suite 620, Houston, TX 77098. Their telephone number is (713) 960-1222.

If there are any questions concerning this matter, feel free to contact me at (713) 960-1222, extension 12. Or contact Bill Mckee, the IPS Safety Coordinator, at (337) 839-0679. Thank you for your assistance in completing this transaction.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan Suprenant". The signature is fluid and cursive, with a prominent loop at the end.

Bryan Suprenant
VP-U.S. Field Services

bm



Date: 11/16/05

Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive Suite 400
Arlington, Tx. 76011-4005

RE: Change of Corporate Name

This is to notify you that as of 11/16/05 Integrated Production Services, Inc. will be
Dbas: **Integrated Production Services LLC.**
205 Industrial Trace, Broussard, LA. 70518

The Corporate Name will be changed to:

Complete Production Services, Inc.

3700 Buffalo speedway, Suite 620

Houston, Tx. 77098

Radioactive Material License # LA – 10048-L01

A copy of the purchase agreement is included.

Please contact me for any additional information. Bill McKee 337-839-0679

337-839-0409 (cell)

Thank you,

Bill McKee
HSE / RSO

DEC 0 2005

11/17/06
DATE

This is to acknowledge the receipt of your letter/application dated 11/16/2006, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 470793.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

01/17/06
DATE

This is to acknowledge the receipt of your letter/application dated 11/16/2005, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 470793.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan
Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LEMS USE)

INFORMATION FROM LTS

: Program Code: 03110
: Status Code: 0
: Fee Category: 5A
: Exp. Date: 20130930
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED INTEGRATED PRODUCTION SERVICES

Applicant/Licensee: 20051209
Received Date: 3036382
Docket No.: 470793
Control No.: 17-27763-01
License No.:
Action Type: Amendment

2. FEE ATTACHED

Amount: /
Check No.:

3. COMMENTS

Signed *Colleen Spaulder*
Date 12/20/10

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / __/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____

From: Origin ID: (337)839-0679
Bill McKee / Carol Gofreux
Integrated Production Services
205 Industrial Trace

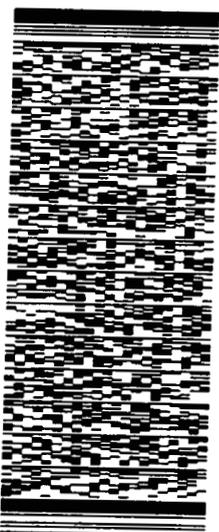
Broussard, LA 70518



SHIP TO: (817)860-8132

BILL SENDER

Jacqueline Cook
U.S. Nuclear Regulatory Com.
611 Ryan Plaza Drive
Suite 400
Arlington, TX 76011



Ship Date: 06JAN06
ActWgt: 1 LB
System#: 4048817/NET2300
Account#: S *****

REF:



Delivery Address Bar Code

PRIORITY OVERNIGHT

MON

TRK# 7924 8169 4760

FORM 0201

Deliver By: 09JAN06

76011 -TX-US

DFW

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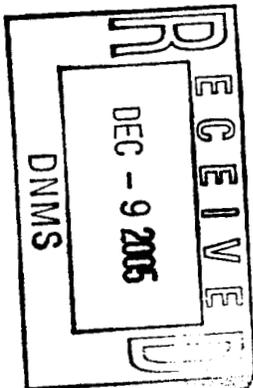
XHFWHA





IPSS

Integrated Production
Services, Inc.
205 Industrial Trace
Broussard, LA 70518



489 05
28925 00.370 NOV 28 2005
28906 MAIL FROM ZIP CODE 70518



Nuclear Regulatory Commission
Regen IV
c/o Ryan Plaza Drive Suite 400
Springer, TX 76011-4005

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