



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
612 EAST LAMAR BLVD., SUITE 400  
ARLINGTON, TEXAS 76011-4125

# FACSIMILE



**Name:** Robert Lanza Docket No. 030-37930  
**Organization:** Murphy Exploration & Production Company Control No. 472109  
**E-mail Address:** Robert\_Lanza@murphyoilcorp.com  
**Phone:** 281-675-9135  
**From:** Jacqueline D. Cook  
**Date:** April 16, 2009  
**Subject:** Application dated January 22, 2009  
**Pages:** 2

Mr. Lanza:

Per your application dated January 22, 2009, the items on the next page are deficiencies which require your response. **Please respond to this fax by Friday, April 24, 2009.** If you are unable to respond by this due date, please don't hesitate to contact me so we can discuss an extension to the date. Our fax number is (817) 860-8263. You may respond by email in pdf format if you'd like. My email address is [Jackie.Cook@nrc.gov](mailto:Jackie.Cook@nrc.gov). If you have any questions regarding this fax, please call me at (817) 860-8132. When responding to this fax, please include the docket and control numbers located at the top of this page.

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

*/RA/*  
Jacqueline D. Cook  
Senior Health Physicist

1. Please clarify if you have current State or Federal government license/registration/authorization for other operations within the scope of your proposed licensed activities (i.e., permit from MMS or other agency to allow oil and/or gas mining operations, etc.).
2. Please submit a copy of Mr. Henry Jackson's certificate of training or specify the date when Mr. Jackson will complete the training described in Criteria in the section entitled "Radiation Safety Officer," in NUREG-1556, Vol. 4, dated October 1998.
3.
  - A. Please provide a copy of the registration with the State of Texas's State Department that allows your company to conduct business in Texas.
  - B. Please provide a copy of proof of your business insurance and a copy of your federal tax identification certificate.
4. Please provide the names of all the company owners and resumes.
5. Please provide an organization chart with individual's names and positions, including the Radiation Safety Officer (RSO).
6.
  - A. Please describe the security of the fixed gauges used on the platforms.
  - B. Please indicate how the platform where the fixed gauge is used is monitored (i.e., monitored remotely from the mainland or out at the platform).
  - C. Please specify who has keys for the device, if applicable. Do all shift personnel have keys/training to use the gauge?

Please clarify if the person(s) with the keys, if applicable, the last one off and the first one back on the platform. If not, please indicate the responsibilities of the first person(s) back on the platform. In addition, please confirm if they are trained and aware of the radioactive material.

- D. Please clarify if you "lock-out" the gauge or keep it on continuously. If the fixed gauge is "locked out", please submit lock-out procedures for the gauges.
7. Please confirm if you have been a previous authorized user or if Mr. Jackson has been a RSO of a fixed gauge working under a NRC or Agreement State fixed gauge license. If so, please specify the years of work experience as a fixed gauge user and if applicable, RSO with another company.

Please indicate the company name and license number, if applicable.

8. Please submit any hurricane procedures, if applicable, including contact names and phone numbers.
9. Please indicate how you get to the platform.