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DNMS

May 15, 2009

U.S. NRC Region IV 611 Ryan Plaza, Suite 400 Arlington, TX 76011-4005

Re: License – 42-26891-01 030-3018 Request to change Correspondence Mailing Address

To Whom It May Concern:

Weatherford requests the change of the mailing address for license correspondence as listed below:

- OLD Address: 500 Winscott Road Fort Worth, TX 76126
- NEW Address: 7504 Benbrook Parkway Benbrook, TX 76126.

If you have any questions related to this matter, please do not hesitate to contact me. My direct contact information is shown below.

Respectfully, Christopher "Sean" Pe

Christopher "Sean" Perry US Radiation Safety Officer Weatherford International

7504 Benbrook Parkway Benbrook, TX 76126 Telephone: 817.249.7013 Facsimile: 817.409.1722

sean.perry@weatherford.com

ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	Weatherford International	License No.: 42-26891-01
Docket No.:	030-30118	Mail Control No.: 472257
Type of Action:	Notification	Date of Requested Action: 5/15/09
Reviewer Assigned:		ARM reviewer(s): Torres

 Open ended possession limits. Submit inventory. Limit possession. Submit copies of latest leak test results. Add IC L.C./Fingerprint LC, add SUNSI markings to license. Confirm with licensee if they have NARM material.

Reviewer's Initi	als: Date:	
□Yes □No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.	
□Yes □No	Termination request < 90 days from date of expiration	
□Yes □No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)	
□Yes □No	TAR needed to complete action.	
Branch Chief's and/or HP's Initials: Date:		

SUNSI Screening according to RIS 2005-31			
Yes INo Sensitive and Non-Publicly Available if any item below is checked			
General guidance:			
RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule Exact location of RAM [suite #, bldg. #, location different from mailing address] (whether = or > than Category 3 or not) Design of structure and/or equipment (site specific) Information on nearby facilities Detailed design drawings and/or performance information Emergency planning and/or fire protection systems			
Specific guidance for medical, industrial and academic (above Category 3): RAM quantities and inventory Manufacturer's name and model number of sealed sources & devices Site drawings with exact location of RAM, description of facility RAM security program information (locks, alarms, etc.) Remergency Plan specifics (routes to/from RAM, response to security events) Vulnerability/security assessment/accident-safety analysis/risk assess Mailing lists related to security response			
Branch Chief's and/or HP's Initials: <u>KAC</u> Date: 5-20-09			

6-05-09

This is to acknowledge the receipt of your letter/application dated 5-15-09, 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 other 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 _____ 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** <u>472257</u> When calling to inquire about this action, please refer to this mail control number. You may call me at 817-860-8103.

Sincerely,

Coursen Murnahan

NRC FORM 532 (RIV) (10-2008)

Licensing Assistant

BETWEEN:	: (FOR LFMS USE) : INFORMATION FROM LTS
License Fee Management Branch, ARM and Regional Licensing Sections	Program Code: 03110 Status Code: 0 Fee Category: 5A Exp. Date: 20170930 Fee Comments: Decom Fin Assur Reqd: Y

LICENSE FEE TRANSMITTAL

A. REGION

- APPLICATION ATTACHED Applicant/Licensee: WEATHERFORD INTERNATIONAL INC Received Date: 20090518 Docket No: 3030118 Control No.: 472257 License No.: 42-26891-01 Action Type: Notifications
- 2. FEE ATTACHED Amount: Check No.:
- 3. COMMENTS

<u>unahan</u> Signed Date 6-02-0

- 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 ____

