



6300 West I-20, Midland, TX 79706
Office: (432) 688-9700
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July 21, 2009

RECEIVED

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DNMS

To: U.S. NRC Region IV
Texas Health Resources Tower
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

Phone: 817-860-8100

Attention: Licensing Department

RE: License number 17-29242-01; Docket number 030-37364
Notification of name change and Tax I.D. number.

Perf-O-Log, LLC is notifying the Nuclear Regulatory Commission that the company's name is being changed to E&P Wireline Services, LLC effective July 31, 2009. The name change is required due to consolidations of assets and management of Enertech Wireline Services, LP and Perf-O-Log LLC. Both companies are wholly owned subsidiaries of Smith International, Inc. located at 16740 East Hardy Rd. Houston, TX 77032. The newly named company will retain the tax I.D. number of 75-2763813 in use by Enertech Wireline Services. The company headquarters will be located at 6300 West I-20 Midland, TX 79706.

The Radiation Safety Officer for sources used and the principal contact will continue to be George M. Doggett, whose office is located at 101 Bolton St. Lafayette, LA 70508. He can be reached during normal working hours at (337) 269-1245 x474 or after hours at (337) 281-1528.

There will be no changes to personnel having control over the licensed activities. There will be no changes in locations, facilities, equipment or procedures that relate to the licensed program. There are no changes in the radiation safety program, storage activities, user processes or transportation practices. The surveillance program (i.e., surveys, personnel monitoring, quality control) outlined in the license shall remain the same. There shall be no change in any other regulatory required activities including calibrations, leak tests, inventories or personnel safety. The company will continue to abide by all constraints, conditions, requirements, commitments and representations of its licensed program and is aware of all open inspection items and its responsibility for possible resulting enforcement actions.

Thank you for your assistance.

George Doggett
Health, Safety, Environmental Manager
Perf-O-Log, LLC

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:

Perf-O-Log, LLC name is being changed. The name change is required due to consolidation of Enertech Wireline Services, LP and Perf-O-Log LLC. Both companies are wholly owned subsidiaries of Smith International, Inc. The newly named company will retain the tax I.D. number of 75-2763813 in use by Enertech Wireline Services. The company headquarters will be located at 6300 West I-20 Midland, TX 79706.

B. ☐ No name change

☒ New name of licensed organization:
E&P Wireline Services, LLC.

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:

The surveillance program (i.e., surveys, personnel monitoring, quality control) outlined in the license shall remain the same. There shall be no change in any other regulatory required activities including calibrations, leak tests, inventories or personnel safety.

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,
(transferee)
requirements and commitments of _____.
(transferor)

Signature/Title
Transferee

Signature/Title
Transferor

date

date

OR

☒ Not applicable (name change only)



Certifying Officer - Signature



Date

George M. Doggett / Radiation Safety Officer
Certifying Officer - Typed name and title

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Perf-O-Log LLC

License No.: 17-29242-01

Docket No.: 030-37364

Mail Control No.: 472345

Type of Action: Amend

Date of Requested Action: 7/21/09

Reviewer
Assigned:

ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<p>[] Open ended possession limits. Submit inventory. Limit possession.</p> <p>[] Submit copies of latest leak test results.</p> <p>[] Add IC L.C./Fingerprint LC, add SUNSI markings to license.</p> <p>[] Confirm with licensee if they have NARM material.</p>

Reviewer's Initials: _____

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 ☒ No 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.)
- _____ Emergency 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: 

Date: _____

AUG - 5

8-13-09
DATE

This is to acknowledge the receipt of your letter/application dated 7-21-09, 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 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** 472345.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Coleen Munnahan

Licensing Assistant

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
:
: Program Code: 03110
: Status Code: 0
: Fee Category: 5A
: Exp. Date: 20161231
: Fee Comments: _____
: Decom Fin Assur Req'd: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PERF-O-LOG LLC
Received Date: 20090722
Docket No: 3037364
Control No.: 472345
License No.: 17-29242-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed
Date

Colleen Murnahan
7-31-09

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

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Lafayette, Louisiana 70508

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US NRC - Region IV
612 E. Lamar Blvd Suite 400
Arlington, Texas 76011-4125

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Louisville, KY

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01/05 MW