



GL-726359-19
 04/07/2015
 NRC FORM 664
 02 - 2004
 10 CFR 31.5

SECTION 1
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U.S. NUCLEAR REGULATORY COMMISSION

GENERAL LICENSEE REGISTRATION

APPROVED BY OMB: NO. 3150-0198 <small>Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.</small>	EXPIRES: 03/31/2010
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Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License SECTION 1 - GENERAL LICENSEE INFORMATION

Registration Number
 GL-726359-19

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: FREEPORT-MCMORAN OIL & GAS

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Department: MARLIN SUBSEA KING WEST (D 3)

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Address Line 1: 28 DEGREE 53' 36.564"

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Address Line 2: -87 DEGREE 59' 2.0616"

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City: HOUSTON

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State: TX

Zip Code: 77002 - -

For NRC Use Only <i>(Do not write here)</i>	Category: <input style="width: 40px; height: 20px;" type="text"/>
Packet Receipt Date (MMDDYY):	
<input style="width: 100%; height: 20px;" type="text"/>	
Accession Number:	
<input style="width: 100%; height: 20px;" type="text"/>	





SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

Last Name: CRANFORD

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First Name: CURTIS

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Middle Initial:

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Telephone: (713) 579-6581

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Extension:

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Title: ADVISOR EH & S

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**Enter the mailing address where correspondence regarding your device(s) should be sent.
This address should be specific to the use or storage location of your device(s).**

Department:

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Address Line 1: 717 TEXAS AVENUE

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Address Line 2: SUITE 2100

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City: HOUSTON

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State: TX

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Zip Code: 77002 -

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SECTION 3

SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION

Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

Manufacturer Name

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Initial Transferor Name

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Initial Transferor License Number (if known)

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Device Model Number (Not Source Model)

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Device Serial Number

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How acquired and date (e.g., from a distributor/manufacture, other licensee, other source)?

Manufacturer/Initial Transferor listed above
 Other General Licensee Date Transferred:

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 Other Source (Received) MM DD YYYY

	Isotope (e.g. AM241)	Activity (e.g. 100)	Unit (e.g. mCi)
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2.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>
3.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>
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5.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>
6.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>
7.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>
8.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>
9.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>
10.	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>	<table border="1" style="width:100%; height:25px;"></table>





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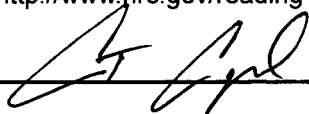
SECTION 5 - CERTIFICATION

SECTION 5
PAGE 1 of 1

I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.

(Copies of applicable regulations may be viewed at the NRC website at:
<http://www.nrc.gov/reading-rm/doc-collections/cfr>)



5/5/15

SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1)

DATE

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





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SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

SECTION 6

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NRC Device Key:	Manufacturer License No:	
Manufacturer Name:		
Model Number:	Serial #:	Transfer Date: