

Multi Phase Meters, Inc.
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Houston, Texas 77084
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www.fmctechnologies.com

October 14th, 2015

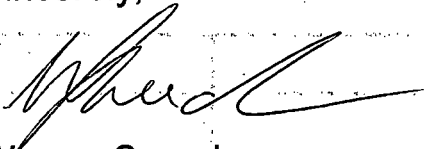
Director, Office of Federal and State Materials and Environmental
Management Programs
ATTN: GLTS
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Re: Report of Distribution of Generally Licensed Devices

Dear Hector Luis Rodriguez-Luccioni, Ph.D.
Hector Luis Rodriguez-Luccioni
US NRC
(301) 415-6004

Report for distribution of generally licensed devices pursuant to 25 TAC
§289.252(l) or our radioactive material license, L-06458, were made in the
calendar quarter beginning July 1st, 2015 and ending September 30th,
2015.

Sincerely,



Warren Sneedon
Radiation Safety Officer



**TRANSFERS OF INDUSTRIAL
DEVICES REPORT
(TO GENERAL LICENSEES)**

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), 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.

(Continue on NRC Form 653, 653A or 653B, as appropriate)

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR Multi Phase Meters Inc.	REPORTING PERIOD	
	FROM 07/01/2015	TO 09/30/2015
LICENSE NUMBER L06458		

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE LLOG Exploration	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 1001 Ochsner Blvd Covington, LA 70433		
NAME OF RESPONSIBLE INDIVIDUAL Bruce Cooley	TELEPHONE (985) 801-4300		
TITLE OF RESPONSIBLE INDIVIDUAL Vice President - Facilities			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
08/05/2015	Sealed Source	SS-MPM	7961-13-05	Cs-137	200mCi
08/05/2015	Sealed Source	SS-MPM	7961-13-23	Cs-137	200mCi
09/01/2015	Sealed Source	SS-MPM	7961-14-31	Cs-137	200mCi

INTERMEDIATE PERSON(S) (if any)

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE	MAILING ADDRESS AT THE LOCATION OF USE (No., P.O. Boxes, include Zip Code)		
NAME OF RESPONSIBLE INDIVIDUAL	TELEPHONE		
TITLE OF RESPONSIBLE INDIVIDUAL			

INFORMATION ON DEVICE(S) TRANSFERRED

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS