

|                |            |
|----------------|------------|
| DATE RECEIVED: | UNKNOWN    |
| EVENT DATE:    | 12/21/2014 |
| REPORT DATE:   | 01/19/2015 |

|           |                                  |
|-----------|----------------------------------|
| NRC EVENT |                                  |
| DOCKET    | <del>030-32848</del> 030-06402   |
| LICENSE   | <del>17-27437-01</del> 42-029641 |

**DNMS CONTROLLED CORRESPONDENCE ROUTING SLIP - MATERIAL'S LER**

| DNMS                 | Initials                                        | Note to DNMS Secretarial Staff                                                                                                                                                                                                                                                                                                           |
|----------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BC of staff assignee | for assignment _____ for final review <u>MP</u> | <p>WHEN LER ACTION IS COMPLETED: the Green Routing Slip and all pertinent documents (i.e., original of licensee=s report, and LER evaluation form) are to be filed in the appropriate docket file in the 5<sup>th</sup> floor docket file room with a copy in the LER BOOK.</p> <p>NOTE: Licensee report MUST be scanned into ADAMS.</p> |
| C:NMIB               | for review of all LERs _____                    |                                                                                                                                                                                                                                                                                                                                          |
| Assigned to:         | <u>Roldan-Otero</u> <i>Von Ehr</i>              |                                                                                                                                                                                                                                                                                                                                          |
| Copy to:             | LER Point of Contact:<br>Rick Muñoz<br>LER BOOK |                                                                                                                                                                                                                                                                                                                                          |

**This section is to be completed by a DNMS Branch Chief (or designee):**

| Circle appropriate response:           | Yes                                 | No                                  | Indicate appropriate basis for LER:                                                                                                                                                      |
|----------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REPORTABLE                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Regulation(s):<br>39.77(d)                                                                                                                                                               |
| PN                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | License<br>Condition:                                                                                                                                                                    |
| ABNORMAL OCCURRENCE                    | <input type="checkbox"/>            | <input type="checkbox"/>            | For Abnormal Occurrence criteria see MD 8.1, Handbook 8.1, Part II                                                                                                                       |
| EVENT OF INTEREST                      | <input type="checkbox"/>            | <input type="checkbox"/>            | For Event of Interest guidelines see MD 8.1, Handbook 8.1, Part II                                                                                                                       |
| REACTIVE / SPECIAL INSPECTION REQUIRED | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | This event was reviewed against the criteria contained in IMCs 2800, 1301, 1302, etc., and it was determined that a reactive or special inspection was not necessary at this time. _____ |

**Assignee to check (Y) ADAMS document availability below and to enter the following numbers, if applicable:**

|                                                    |                                                  |                       |
|----------------------------------------------------|--------------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> Public         | <input type="checkbox"/> Nonpublic               | PNO-IV-               |
| <input type="checkbox"/> Sensitive                 | <input checked="" type="checkbox"/> Nonsensitive | NMED 150081           |
| <input type="checkbox"/> NRC Viewers Access Rights |                                                  | NRC INSPECTION REPORT |
| SUNSI Review Completed: Initials <u>RRM</u>        |                                                  |                       |

**This section is to be completed by DNMS Secretarial staff:**

|                                                                                                                   |                            |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|
| LICENSEE / NOTIFYING ENTITY: Baker Hughes INTEQ / Tony Yunker                                                     |                            |
| EVENT LOCATION: Offshore Louisiana, South Marsh Island Block 152, Gulf of Mexico, USA (OCS-G-33617 001 ST00 BP00) | ADAMS ID: ML15043A771_____ |

COMMENTS: Abandonment of a 2.5 Curie (92.5 GBq) Cs-137 & 5 Curie (185 GBq) Am/Be source

**LICENSEE EVENT REPORT EVALUATION FORM**

**EVENT CLASS: LAS - LOST, ABANDONED, STOLEN MATERIAL**

**LICENSEE / REPORTING PARTY INFORMATION:**

|                                |                                       |                     |   |
|--------------------------------|---------------------------------------|---------------------|---|
| Licensee/Reporting party name: | Baker Hughes Oilfield Operations, Inc |                     |   |
| License number :               | 42-02964-01                           |                     |   |
| Docket number :                | 030-06402                             |                     |   |
| Licensee's City of record :    | Houston                               |                     |   |
| Licensees State of record :    | Texas                                 |                     |   |
| NRC regulated?                 | Yes                                   | If so, what Region? | 4 |
| Working under reciprocity?     | No                                    |                     |   |

**EVENT INFORMATION:**

|                                             |                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| In what City and State did the event occur? | Offshore South marsh Island Block 152, Well OCS-G 33617 001 ST00BP00, GPS location: 28.20221 deg N, 92.11009 deg W |
| Event date :                                | 12/24/2014                                                                                                         |
| Discovery date :                            | 12/24/2014                                                                                                         |
| Report date :                               | 01/19/2015 (see ML15111A360)                                                                                       |
| Agreement State reportable?                 | No                                                                                                                 |
| NRC reportable?                             | Yes                                                                                                                |
| Reporting regulation :                      | 10 CFR 39.77(d)                                                                                                    |
| NMED Item Number :                          | 150081                                                                                                             |

**ADDITIONAL PARTIES INVOLVED:**

|                  |     |
|------------------|-----|
| Name :           | N/A |
| License number : | N/A |
| City :           | N/A |
| State :          | N/A |

**LICENSEE EVENT REPORT EVALUATION FORM**

**EVENT CLASS: LAS - LOST, ABANDONED, STOLEN MATERIAL**

**CONSULTANT INFORMATION (if any):**

|                       |      |
|-----------------------|------|
| Consultant name :     | None |
| Company :             | N/A  |
| Who hired consultant? | N/A  |

**DEVICE INFORMATION:**

|                 |                  |
|-----------------|------------------|
| Manufacturer :  | MWD Logging Tool |
| Model number :  | N/A              |
| Serial number : | N/A              |

**RADIATION SOURCE INFORMATION:**

|                 |            |            |
|-----------------|------------|------------|
| Isotope :       | Am-241/Be  | Cs-137     |
| Activity :      | 5 Ci       | 2.5 Ci     |
| Manufacturer :  | QSA Global | QSA Global |
| Model number :  | AMN.CY3    | CDC.CY4    |
| Serial number : | SN-93456-B | PP34643-B  |

**LICENSEE EVENT REPORT EVALUATION FORM**

**EVENT CLASS: LAS - LOST, ABANDONED, STOLEN MATERIAL**

**NARRATIVE EVENT DESCRIPTION:**

Baker Hughes had a tool stuck on December 21, 2014

Well OCS-G 33617 001 ST00BP00 in field South Marsh Island Block 152 offshore Louisiana, Rowan Louisiana Rig, operated by EvVen Energy Ventures, LLC. Licensee abandoned the sources after a kick that occurred at 0030 December 21, 2014, permission to implement abandonment procedures granted by NRC at 1030 on December 24, 2014. Following immobilization with cement, the Am-241 source is located at 7,082 ft MD, 6,130 ft TVD, and the Cs-137 source is located at 7,092 ft MD, 6,136 ft TVD. The top of the cement plug is located at 5,130 ft MD, 4,857 ft TVD, representing 1952 ft of tool, piping, and cement between the top of the plug and the sources. Red dyed cement was used in this operation. Well is 7,200 ft MD, 6,209 ft TVD deep.

**CORRECTIVE ACTIONS:**

Following cement plug, the licensee installed a net guard and smart buoy on and over the well location. Rig was demobilized following this operation, and the client elected to set a plug in the well and temporarily abandon. A printout of the 'caution' sign has been included in the final abandonment report.

**RECOMMENDED FOLLOWUP:**

|                                                             |     |                                   |  |
|-------------------------------------------------------------|-----|-----------------------------------|--|
| Was a reactive inspection conducted?                        | No  | If so, inspection report number : |  |
| Is LER recommended for closure?                             | Yes |                                   |  |
| Is this NMED Item Number recommended to reflect "complete"? | Yes |                                   |  |

|                                                                          |                                                                                                   |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <p>LER Evaluator:</p> <p>Name: <u>Joan Scalf</u> Date: <u>8/6/15</u></p> | <p>Branch Chief or Designee Review:</p> <p>Name: <u>Franky of Smith</u> Date: <u>12/21/15</u></p> |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|