

DATE RECEIVED:	08/21/2015
EVENT DATE:	07/04/2015
REPORT DATE:	08/20/2015

NRC EVENT	
DOCKET	030-06388
LICENSE	42-00090-03

DNMS CONTROLLED CORRESPONDENCE ROUTING SLIP - MATERIALS LER

DNMS	Initials	Note to DNMS Staff
C:NMIB Assigned to: Copy to:	G. MICHAEL VASQUEZ POSTON LER Point of Contact: Jason Dykert	for final review <u>GM</u> <u>h</u> WHEN LER ACTION IS COMPLETED: Return routing slip and completed LER evaluation to LER PROJECT MANAGER NOTE: Licensee report MUST be scanned into ADAMS.

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): 39.77(d)
PN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	License Condition:
ABNORMAL OCCURRENCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Abnormal Occurrence criteria see MD 8.1, Handbook 8.1, Part II
EVENT OF INTEREST	<input type="checkbox"/>	<input checked="" 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 150571
<input type="checkbox"/> NRC Viewers Access Rights	NRC INSPECTION REPORT	

SUNSI Review Completed: Initials _____

This section is to be completed by DNMS Secretarial staff:

LICENSEE / NOTIFYING ENTITY: Schlumberger Technology Corporation / Timothy McLaughlin

EVENT LOCATION: _____ ADAMS ID: ML15286A456

COMMENTS: OCS-G-16764 SS002 ST01BP00

Abandonment of 10 Ci Am-241 and 1.7 Ci Cs-137
Reporting extension request was granted by J.E.W. on 7/22/2015

LICENSEE EVENT REPORT EVALUATION FORM

EVENT CLASS: LAS - LOST, ABANDONED, STOLEN MATERIAL

LICENSEE / REPORTING PARTY INFORMATION:

Licensee/Reporting party name:	Schlumberger		
License number :	42-00090-03		
Docket number :	030-06388		
Licensee's City of record :	Sugar Land		
Licensees State of record :	Texas		
NRC regulated?	Yes	If so, what Region?	IV
Working under reciprocity?	No		

EVENT INFORMATION:

In what City and State did the event occur?	Offshore, Gulf of Mexico
Event date :	07/04/2015
Discovery date :	07/04/2015
Report date :	07/04/2015 initial, 8/20/2015 written
Agreement State reportable?	No
NRC reportable?	Yes
Reporting regulation :	10 CFR 39.77 (d)
NMED Item Number :	N/A 150571

ADDITIONAL PARTIES INVOLVED:

Name :	BHP Billiton
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 :	N/A
Company :	N/A
Who hired consultant?	N/A

DEVICE INFORMATION:

Manufacturer :	N/A
Model number :	N/A
Serial number :	N/A

RADIATION SOURCE INFORMATION:

Isotope :	Cs-137	Am-241
Activity :	1.7 Ci	10 Ci
Manufacturer :	QSA Global	QSA Global
Model number :	GSR-Z	NSR-U
Serial number :	A3030	Q1082

LICENSEE EVENT REPORT EVALUATION FORM

EVENT CLASS: LAS - LOST, ABANDONED, STOLEN MATERIAL

NARRATIVE EVENT DESCRIPTION:

Two radioactive sources declared unretrievable in BHP Billiton Well OCS-G 16764 SS002 ST01BP00. 10 Ci Am-241 source abandoned at at depth on 26,865 ft and a 1.7 Ci Cs-137 source abandoned at a depth of 26,870 ft.

CORRECTIVE ACTIONS:

Multiple cement plugs in wellbore hole to isolate soures and establish well control. Plaque in accordance with the requirements of 10 CFR 39.15(a)(5)(iii) will be provided.

plaque = placard

RECOMMENDED FOLLOWUP:

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

LER Evaluator:

Name: *A. P. [Signature]*

Date: *10/20/15*

Branch Chief or Designee Review:

Name: *[Signature]*

Date: *12/21/15*