				COMPROS					
NRC FORM 653 (12-2019)		U. S. NUCLEAR R				ED BY OMB: NO. 3150-000 urden per response to comply w			
10 CFR 32	ISFERS OF I DEVICES RE GENERAL LI	Estimated burden per response to comply with this mandatory collection request. 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Senc comments regarding the burden estimate to the Information Services Branch (T-6 A10M) U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by 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 no							
She was	(Continue on N	IRC Form 653, 653A	display a curr		he NRC may not conduct or sponsor, and a				
For each "licens	see" to whom	a device(s) has	s been trans	sferred d	luring the re	porting period, su	pply the following:		
Name of Vendor Multiphase Meters Inc	<b>.</b>					Reporting Po			
License Number L06458	and the second s			From 01/2020	то 01/01/2022				
		Inte	ermediate P	Person(s)	) (if any)				
Name of Intermediate Persons(s)		Name of Responsible In			Title of Responsib	le Individual	Business Telephone Number		
Name of Intermediate Persons(s)		Name of Responsible Ir	ndividual		Title of Responsible Individual Business Telepho				
		Ge	neral Licen	see Infor	rmation				
Name of General Licensee Chevron Gulf of Mexic	со				Mailing Address at 100 North P Suite 2240-	t the Location of Use (No P.O. Park Boulevard, B	Boxes, include zip code)		
Name of Responsible Individual David Estes			Business Teleph 985-773		Covington, LA, 70433				
Title of Responsible Individual Gulf of Mexico Radiat	ion Safety Off						No. Andres		
		Inform	ation on De	evice(s) 1	ransferred	A Street			
Date of Transfer	Type of Dev				ial Number	Isotope	Activity and Units		
10/04/2021	sealed sou	Irce SS	S-MPM	790	02-12-03	Cs-137	1.85 Gbq (50mCi)		
		Inte	ermediate F	Person(s)	) (if any)				
Name of Intermediate Persons(s)		Name of Responsible Ir	ndividual		Title of Responsible Individual Business Telep				
Name of Intermediate Persons(s)		Name of Responsible Ir	ndividual		Title of Responsible Individual Business Telephone Number				
		Ge	neral Licen	see Info	rmation				
Name of General Licensee					Mailing Address a	t the Location of Use (No P.O.	Boxes, include zip code)		
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Title of Responsible Individual			L						
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NRC FORM 653 (12-2019)							Page 1 of 1		

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## TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)

	(TO GENERAL LICENSEES) (continued)								
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## TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES) (continued)

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U. S. NUCLEAR REGULATORY COMMISSION NRC FORM 653A (12-2019) 10 CFR 32 TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES) For each "licensee" from whom a device(s) has been received during the reporting period, supply the following: **General Licensee Information** Malling Address at the Location of Use (No P.O. Boxes, include zip code) 9805 Katy Freeway Name of General Licensee Suite G-200, Houston, TX, 77024 Murphy Exploration and Production Company Information on Device(s) Received Date of Receipt Type of Device Model Number Serial Number Manufacturer or Initial Transferor (If not reporting party) 10/04/2021 Sealed Source SS-MPM 7902-12-03 Multiphase Meters Inc. **General Licensee Information** Name of General Licensee Mailing Address at the Location of Use (No P.O. Boxes, include zip code) Information on Device(s) Received Date of Receipt Type of Device Model Number Serial Number Manufacturer or Initial Transferor (If not reporting party) **General Licensee Information** Name of General Licensee Mailing Address at the Location of Use (No P.O. Boxes, include zip code) Information on Device(s) Received Date of Receipt Type of Device Model Number Serial Number Manufacturer or Initial Transferor (If not reporting party) **General Licensee Information** Name of General Licensee Mailing Address at the Location of Use (No P.O. Boxes, include zip code) Information on Device(s) Received Date of Receipt Type of Device Model Number Serial Number Manufacturer or Initial Transferor (If not reporting party)

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