



# TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

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

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 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 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.

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

|  |                    |                  |
|--|--------------------|------------------|
| Name of Vendor<br>Multiphase Meters Inc. | Reporting Period   |                  |
|  | From<br>10/01/2020 | To<br>01/01/2022 |
| License Number<br>L06458                 |                    |                  |

### Intermediate Person(s) (if any)

|                                |                                |                                 |                           |
|--------------------------------|--------------------------------|---------------------------------|---------------------------|
| Name of Intermediate Person(s) | Name of Responsible Individual | Title of Responsible Individual | Business Telephone Number |
|                                |                                |                                 |                           |
| Name of Intermediate Person(s) | Name of Responsible Individual | Title of Responsible Individual | Business Telephone Number |
|                                |                                |                                 |                           |

### General Licensee Information

|  |   |  |  |
|--|---|--|--|
| Name of General Licensee<br>Chevron Gulf of Mexico                         | Mailing Address at the Location of Use (No P.O. Boxes, include zip code)<br>100 North Park Boulevard,<br>Suite 2240-B<br>Covington, LA, 70433 |  |  |
| Name of Responsible Individual<br>David Estes                              | Business Telephone Number<br>985-773-1884   |  |  |
| Title of Responsible Individual<br>Gulf of Mexico Radiation Safety Officer |   |  |  |

### Information on Device(s) Transferred

| Date of Transfer | Type of Device | Model Number | Serial Number | Isotope | Activity and Units |
|------------------|----------------|--------------|---------------|---------|--------------------|
| 10/04/2021       | sealed source  | SS-MPM       | 7902-12-03    | Cs-137  | 1.85 Gbq (50mCi)   |
|                  |                |              |               |         |                    |
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### 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  | Business Telephone Number  |  |  |
| Title of Responsible Individual |  |  |  |

### Information on Device(s) Transferred

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

**Intermediate Person(s) (if any)**

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| Name of Intermediate Person(s) | Name of Responsible Individual | Title of Responsible Individual | Business Telephone Number |
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**General Licensee Information**

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| Name of General Licensee        |                           | Mailing Address at the Location of Use (No P.O. Boxes, include zip code) |  |
| Name of Responsible Individual  | Business Telephone Number |  |  |
| Title of Responsible Individual |                           |  |  |

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**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
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**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**

Name of General Licensee

Murphy Exploration and Production Company

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

9805 Katy Freeway  
Suite G-200, Houston, TX, 77024

**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.                                      |
|                 |                |              |               |   |
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**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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**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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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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**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES) (continued)**

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

**General Licensee Information**

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**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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**General Licensee Information**

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**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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**General Licensee Information**

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**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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**Information on Device(s) Received**

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### TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)

For each device for which required label information has been changed, supply the following:

#### General Licensee User Information

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

#### Information on Device(s) Received

| Type of Device | Model Number | Previous Serial Number | New Serial Number | Previous Isotope | New Isotope | Previous Label Activity and Units | Label Activity and Units |
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#### General Licensee User Information

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

#### Information on Device(s) Received

| Type of Device | Model Number | Previous Serial Number | New Serial Number | Previous Isotope | New Isotope | Previous Label Activity and Units | Label Activity and Units |
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#### General Licensee User Information

Name of General Licensee User

Mailing Address at the Location of Use (No P.O. Boxes, include zip code)

#### Information on Device(s) Received

| Type of Device | Model Number | Previous Serial Number | New Serial Number | Previous Isotope | New Isotope | Previous Label Activity and Units | Label Activity and Units |
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Name of General Licensee User

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| Type of Device | Model Number | Previous Serial Number | New Serial Number | Previous Isotope | New Isotope | Previous Label Activity and Units | Label Activity and Units |
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**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES) (continued)**

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**General Licensee User Information**

|                               |  |
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| Name of General Licensee User | Mailing Address at the Location of Use (No P.O. Boxes, include zip code) |
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**Information on Device(s) Received**

| Type of Device | Model Number | Previous Serial Number | New Serial Number | Previous Isotope | New Isotope | Previous Label Activity and Units | Label Activity and Units |
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| Name of General Licensee User | Mailing Address at the Location of Use (No P.O. Boxes, include zip code) |
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| Type of Device | Model Number | Previous Serial Number | New Serial Number | Previous Isotope | New Isotope | Previous Label Activity and Units | Label Activity and Units |
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**General Licensee User Information**

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**Information on Device(s) Received**

| Type of Device | Model Number | Previous Serial Number | New Serial Number | Previous Isotope | New Isotope | Previous Label Activity and Units | Label Activity and Units |
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