



TETRA

NOV 29 1999

DATE: 11/29/99

In accordance with 10 CFR 150.20, the following information is submitted as a clarification of NRC Form 241 dated September 17, 1998.

LICENSEE: TETRA Applied Technologies, Inc.
Electric Wireline Division

LICENSE #: LA-4716-L01

CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE:

*MURPHY EXP Production
131 S. ROBERTSON STREET
NEW ORLEANS LA 70112*

RTS Ref # 001375

WORK LOCATION ADDRESS:

(be as specific as possible, specifically if you can not give a specific street address, i.e. Offshore Area, Block, OCSG #, etc.) *MATAPORDA ISLAND #604
008-6-6037 Pool #54*

CLIENT TELEPHONE#: 504-561-2798 WORK LOCATION TELEPHONE#: 504-561-2505

TECHNICIAN: (TATI technician on site) Jack Broussard

DATE OF WORK: (planned dates of work at this specific location - can be further clarified if needed) _____

NUMBER OF WORK DAYS: Four

RTS REFERENCE #: (this number is generated by an NRC computer system and is provided to you when the first clarification is submitted for a specific location) _____

RSO SIGNATURE: *Jack Broussard*

Authorizing Official:

M. C. Hernandez
Signature

M. C. Hernandez
Title: Radiation Specialist

Date: 12/2/99

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318/837-0077 Phone • 318/837-0071 Fax

PDR STPRG

NE05
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UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV

611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

DEC - 2 1999

MEMORANDUM Shirley Crutchfield
TO: License Fee & Accounts Receivable Branch (T9 E10)
FROM: Christi Hernandez
Nuclear Materials Licensing Branch, Region IV *MCH*
SUBJECT: FEE TRANSMITTAL

A. Region IV

1. NRC FORM 241 ATTACHED

Applicant/Licensee:
NRC Form 241 Dated:
Agreement State License:
Program Code(s):

2. REVISION ATTACHED

Licensee:
Agreement State License:

3. CLARIFICATION ATTACHED

Licensee: *Istru Applied Technologies, Inc.*
Agreement State License: *LA-4716-C01*

4. FEE ATTACHED

Amount: \$ Check: #

5. COMMENTS

B. LICENSE FEE & ACCOUNTS RECEIVABLE BRANCH

1. Fee Category and Amount: _____

2. Correct Fee Paid. Submittal may be processed for:

General License _____

Revision _____

Signed _____ Date _____