



Certificate of Thorough Examination & NDT of Lifting Equipment

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| <b>Client Name:</b>   | Zhongman Petroleum and Natural Gas Group Corp CO. Ltd. (ZPEC ( Basra ,Iraq ) | <b>Location:</b>  | ZEPC RIG 35  | <b>Job Number:</b>                       | QC-ZPEC-01-2024-0028  |
| <b>Date of Examination:</b>   | 16.01.2024   | <b>Date of Report:</b>  | 16.01.2024   | <b>Certificate No:</b>                   | QC-ZPEC-01-2024-0028/26   |
| <b>Serial Number:</b>   | <b>QTY</b>   | <b>Description</b>  | <b>Each Point SWL</b>  | <b>Date of last Thorough examination</b> |   |
| S3017<br>S3016<br>S3018<br>S3019  | 04   | <u>SECURITY TOWER PAD EYES</u><br>Pad Eye Dimension<br><b>Thickness:</b> 15 MM<br><b>Pin Hole:</b> 27 MM<br><b>Length:</b> 155 MM<br><b>Height:</b> 155 MM<br><b>Location :</b> Security Tower No: SC-3 | 3 Ton  | N/A                                      |   |
| <b>Reference Standard:</b>  |  | LEEA DOC 048:2015   |  |  |   |
| Is this the first examination after Installation or assembly at a new site or location?   |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | Was the examination carried out:<br>Within an interval of 6 months?<br>With an interval of 12 months?<br>In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances? |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| If the answer to the above question is YES has the equipment been installed correctly?  |  | YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE)<br>NONE |  |   |  |  |   |
| Is the above a defect which is of immediate danger to persons:  |  |   |  |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)   |  |   |  |  | N/A   |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above:  |  |   |  |  |   |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>   |  |   |  |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <b>NDT Equipment Details</b>  |  |   |  |  |   |
| Standard  | ASTM E709  | Viewing Condition:  | Colored Media  | Method                                   | WET   |
| Yoke  | Permanent  | Serial No:  | PY-10  | Due Date                                 | 17-02-2024  |
| White Contrast  | WCP-2  | Batch No:   | 220602   | Due Date                                 | 06-2025   |
| Black Ink   | 7HF  | Batch No:   | 220605   | Due Date                                 | 7-1-2025  |
| <b>NDT procedure</b>  |  |   |  |  |   |
| Visual and MPI carried out for the above description and found free of surface defects at the time of inspection  |  |   |  |  |   |
| Identification of any part found to have a defect and a description of the defect:  |  |   |  |  |   |
| None  |  |   |  |  |   |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above:  |  |   |  |  |   |
| None  |  |   |  |  |   |

|                                      |                               |  |
|--------------------------------------|-------------------------------|--|
| <b>ASNT Level II Inspector Name:</b> | <b>Signature &amp; Stamp:</b> | <b>Date of Next Through Examination:</b> |
| Khaled Mahmoud                       |                               | 15.07.2024                               |

REV: 01 Dated: 20 June 2022





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| <b>Date of Examination:</b>   | 16.01.2024   | <b>Date of Report:</b>  | 16.01.2024                             | <b>Certificate No:</b>  | QC-ZPEC-01-2024-0028/27                |
| <b>Serial Number:</b>   | <b>QTY</b>   | <b>Description</b>  | <b>Each Point SWL</b>                  | <b>Date of last Thorough examination</b>  |  |
| C1<br>C2  | 02   | <u>SECURITY TOWER PAD EYES</u><br><br>Pad Eye Dimension<br><b>Thickness:</b> 10 MM<br><b>Pin Hole:</b> 55 MM<br><b>Length:</b> 170 MM<br><b>Height:</b> 170 MM<br><b>Location :</b> Security Tower No: SC-3 | 3 Ton                                  | N/A   |  |
| <b>Reference Standard:</b>  |  | LEEA DOC 048:2015   |  |   |  |
| Is this the first examination after Installation or assembly at a new site or location?   |  | YES <input type="checkbox"/>  | NO <input checked="" type="checkbox"/> | Was the examination carried out:<br>Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| If the answer to the above question is YES has the equipment been installed correctly?  |  | YES <input type="checkbox"/>  | NO <input type="checkbox"/>            | With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                      |  |
|   |  |   |  | In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                           |  |
|   |  |   |  | After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                  |  |
| Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE)<br>NONE |  |   |  |   |  |
| Is the above a defect which is of immediate danger to persons:  |  |   |  | YES <input type="checkbox"/>  | NO <input checked="" type="checkbox"/> |
| Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)   |  |   |  | N/A   |  |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above:  |  |   |  |   |  |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>   |  |   |  | YES <input checked="" type="checkbox"/>   | NO <input type="checkbox"/>            |
| <b>NDT Equipment Details</b>  |  |   |  |   |  |
| Standard  | ASTM E709  | Viewing Condition:  | Colored Media                          | Method  | WET                                    |
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| Particulars of any repair, renewal or alteration required to remedy the defect identified above:  |  |   |  |   |  |
| None  |  |   |  |   |  |

|                                      |  |  |
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| <b>ASNT Level II Inspector Name:</b> | <b>Signature &amp; Stamp:</b>  | <b>Date of Next Through Examination:</b> |
| Khaled Mahmoud                       |  | 15.07.2024                               |

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