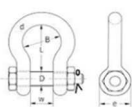




## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH01
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
T5 T9 115 SP19-100 SP19-101	05	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1 3/4"</b> <b>Grade: 6</b> <b>Manufacture: J&amp;L</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

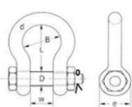


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH02
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
2200 2201 2202 2203	04	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1 3/4"</b> <b>Grade: 6</b> <b>Manufacture: DSL</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

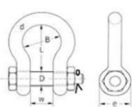


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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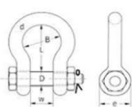


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH03
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4309 B5139 B4312 B4311 B5138 B5136 B4310 B5137	08	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1 1/2"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	17 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH04
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
69 70 71 72	04	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1 1/4"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	12 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

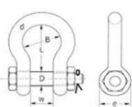


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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH05
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5129 B5128 B5145 B5144 B5142 B5146	06	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1 1/4"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	12 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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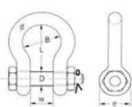


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH06
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5143 B5127 B4500 B51271 B5126 B5140 B5141	07	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 1 1/4"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	12 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH07
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
65 66	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1 1/4"</b> <b>Grade: 6</b> <b>Manufacture: CROSBY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	12 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
		Was the examination carried out:			
		Within an interval of 6 months?		YES	✓ NO
		With an interval of 12 months?		YES	NO ✓
		In accordance with an examination scheme?		YES	✓ NO
		After the occurrence of exceptional circumstances?		YES	NO ✓
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	NO ✓
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	✓ NO
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

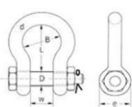
REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH08
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5082 B5069 B5076 B5125 B5124 B5079 B5122 B4330	08	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
		YES	NO	✓	
		YES	NO	✓	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	NO
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES	NO
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature:</b>			
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

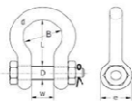


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## CERTIFICATE OF THOROUGH EXAMINATION

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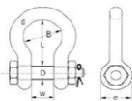


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH09
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F1 D10	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: J&amp;L</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH10
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
E17 A15	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u> STORE</b>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

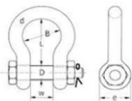


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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



<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH11
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A33 3-2	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: CROSBY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH12
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5942 B5935 B5121 B5940 B5937 B5939 B5947	07	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022



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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH13
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
1-19	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: CROSBY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH14
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B6270 B6275 B6272 B6265 B6276 B6273 B6269 B6274	08	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 3/4"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	4.75 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH15
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
R4	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
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:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> NO <input 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 state NONE) <b>NONE</b>					
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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

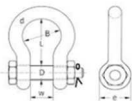


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH16
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
E13	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

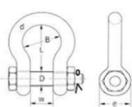


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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH17
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4341	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

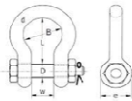


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH18
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
1-38	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: CROSBY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

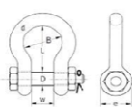


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH19
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5045	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1/2"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH20
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5105 B5104 B5093 B5092 B5108 B5097 B5107	07	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 3/8"</b> <b>Grade: 6</b> <b>Manufacture: G.T</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

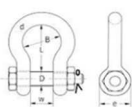


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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH21
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5094 B5106 B5090 B5102 B5086 B5103	06	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 3/8"</b> <b>Grade: 6</b> <b>Manufacture: G.T</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

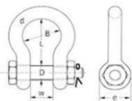


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH22
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
R1	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 3/8"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: STORE</u></b>	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH23
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
221056 221022	02	<b><u>SAFETY PIN DEE SHACKLE</u></b>  <b>Size:</b> 1 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> RWEND <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> STORE		17 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				Within an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH24
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
D1 D2 A1	03	<b><u>SAFETY PIN DEE SHACKLE</u></b>  <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: XW</b> <b>Safety Factor: 6:1</b>  LOCATION: Attach With Swivel Shur-Loc Hook		6.5 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
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:	
				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 State NONE) <b>NONE</b>					
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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022



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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH25
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
221019 221045	02	<b><u>SAFETY PIN DEE SHACKLE</u></b>  <b>Size: 1 1/2"</b> <b>Grade: 6</b> <b>Manufacture: XW</b> <b>Safety Factor: 6:1</b>  LOCATION: Store	17 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH26
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
S93	01	<b><u>SAFETY PIN DEE SHACKLE</u></b>  <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: D&amp;L</b> <b>Safety Factor: 6:1</b>  LOCATION: Attach With Swivel Shur-Loc Hook	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
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:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> NO <input 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 state NONE) <b>NONE</b>					
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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

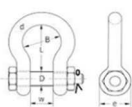


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

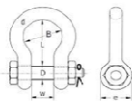


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH27
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5109 B5087 B5095	03	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 3/8"</b> <b>Grade: 6</b> <b>Manufacture: GT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u> Store</b>	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> √
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH28							
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137							
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>							
B5944 B5932	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: Toyolift</b> <b>Safety Factor: 6:1</b>  <b>LOCATION: Store</b>	6.5 TON	N/A	25-11-2023							
<b>Reference Standard:</b>	BS EN 13889											
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:									
			Within an interval of 6 months?									
			With an interval of 12 months?									
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme?									
			After the occurrence of exceptional circumstances?									
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 state NONE)		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)		YES by:										
Particulars of any repair, renewal or alteration required to remedy the defect identified above:												
Particulars of any tests carried out as part of the examination: (If none state NONE)												
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory												
IS THIS EQUIPMENT SAFE TO OPERATE?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>										
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature:</b>										
Mohamed Abdalla	Ashraf Elsaid											
<b>Date of Next Through Examination:</b>	07-11-2024											

REV: 01 Dated: 20 June 2022

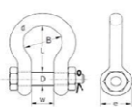


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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH29
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5073	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p align="center">  </p> <p> <b>Size: 1"</b>  <b>Grade: 6</b>  <b>Manufacture: Toyolift</b>  <b>Safety Factor: 6:1</b> </p> <p><b>LOCATION: Store</b></p>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH30
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
R5	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 3/4"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u> Store</b>	4.75 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

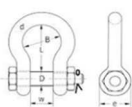


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH31
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
B5932 B5115	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: SECONDARY RETENTION POOR BOY FALL ARRESTOR</u></b>		6.5 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				<input type="checkbox"/> 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 State NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

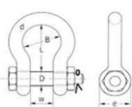


REV: 01 Dated: 20 June 2022

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH32
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5015	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 3/8 "</b> <b>Grade: 6</b> <b>Manufacture: G.T</b> <b>Safety Factor: 6:1</b> <b><u>LOCATION:</u> MAST UPPER SECTION</b> <b>SECONDARY RETENTION</b>	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022



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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH33
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
H5 H2	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 3/4"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MAST MAN RAIDER SECONDARY RETENTION	4.75 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

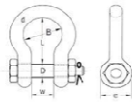


REV: 01 Dated: 20 June 2022

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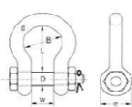


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH34
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
64	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> CROWN BLOCK FALL ARRESTORE SECONDARY RETENTION	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH35
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4313 B4322 B4325 B4315 B4319 B4326 B4332 B4323	08	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p align="center">Size: 1" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p>  <p align="center"><b><u>LOCATION:</u></b> CROWN BLOCK AIR WINCH SECONDARY RETENTION</p>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

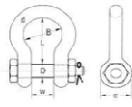


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH36
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4318 B3421 B4317 B4314	04	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: TOYC</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> SECONDARY RETENTION POWER TONG	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022



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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH37
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
E13	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MAST MANUAL TONG</u></b> <b><u>SECONDARY RETENTION</u></b>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 State NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

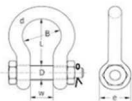


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH38		
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>		
B4334	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p>  <p><b><u>LOCATION: MAST MANUAL TONG</u></b> <b><u>SECONDARY RETENTION</u></b></p>	3.25 TON	N/A	25-11-2023		
<b>Reference Standard:</b>	BS EN 13889						
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:				
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Within an interval of 6 months?				
			With an interval of 12 months?				
			In accordance with an examination scheme?				
			After the occurrence of exceptional circumstances?				
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 state NONE) 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)				YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE)							
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>				
Mohamed Abdalla	Ashraf Elsaid						
<b>Date of Next Through Examination:</b>	07-11-2024						

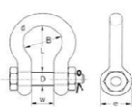


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH39
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5016	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p align="center">  </p> <p> <b>Size: 7/8"</b>  <b>Grade: 6</b>  <b>Manufacture: TOYOLIFT</b>  <b>Safety Factor: 6:1</b> </p> <p> <b><u>LOCATION: MAST DRILLER LINE</u></b>  <b>HOLD CLAMP SECONDARY RETENTION</b> </p>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

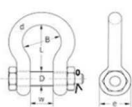


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH40
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4342 B4335 B4339	03	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> CROWN BLOCK FALL ARRESTORE SECONDARY RETENTION</p>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

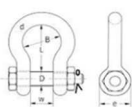


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH41
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A11	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: DY Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> CROWN BLOCK FALL ARRESTORE SECONDARY RETENTION</p>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

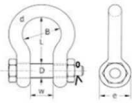


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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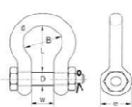


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH42
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F12	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> H.K <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> CROWN BLOCK FALL ARRESTORE SECONDARY RETENTION	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH43
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F11	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: DY Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> CROWN BLOCK HANDREL SECONDARY RETENTION</p>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

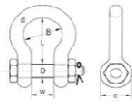


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH44
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5005	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size: 3/8"</b> <b>Grade: 6</b> <b>Manufacture: G.T</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u> MAST DRILLER LINE</b> <b>HOLD CLAMP SECONDARY RETENTION</b>	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

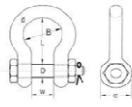


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## CERTIFICATE OF THOROUGH EXAMINATION

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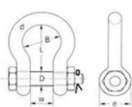


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH45
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F2	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> H.K <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> ROTARY HOSE SECONDARY RETENTION	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 State NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH46		
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>		
A8	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: DY Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> ROTARY HOSE SECONDARY RETENTION</p>	3.25 TON	N/A	25-11-2023		
<b>Reference Standard:</b>	BS EN 13889						
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:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
			With an interval of 12 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"/>	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 state NONE) 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)				YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE)							
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature</b>				
Mohamed Abdalla	Ashraf Elsaid						
<b>Date of Next Through Examination:</b>	07-11-2024						



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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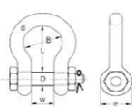


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH47
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
3 4	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 3/8"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MONKEY BOARD SECONDARY RETENTION	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO With an interval of 12 months? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO In accordance with an examination scheme? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO After the occurrence of exceptional circumstances? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> YES <input checked="" 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input checked="" type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH48
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
B5006 B5014	02	<p style="text-align: center;"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p><b>Size:</b> 3/8"</p> <p><b>Grade:</b> 6</p> <p><b>Manufacture:</b> G.T</p> <p><b>Safety Factor:</b> 6:1</p> <p><b><u>LOCATION:</u></b> MONKEY BOARD SECONDARY RETENTION</p> </div> <div style="flex: 0.5; text-align: center;">  </div> </div>		1 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022



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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH49
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F24 F25	02	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 3/4" <b>Grade:</b> 6 <b>Manufacture:</b> DY <b>Safety Factor:</b> 6:1  <b>LOCATION:</b> MAST MANUAL TONG SECONDARY RETENTION	4.75TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

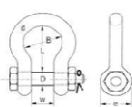


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH50
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F10 F5	02	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> DY <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> MONKEY BOARD FALLARRESTOR SECONDARY RETENTION	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

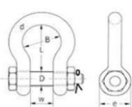


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH51
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F12 R4	02	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> DY <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> ESCAPE DEVICE SECONDARY RETENTION	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

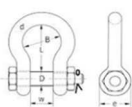


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH52
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
R3	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> HK <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> ESCAPE DEVICE SECONDARY RETENTION	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

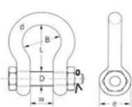
**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH53
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A18	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> HK <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> ESCAPE DEVICE SECONDARY RETENTION	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
		YES	NO	✓	
		YES	NO	✓	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	NO
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

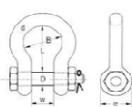


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH54
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5936	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 7/8" <b>Grade:</b> 6 <b>Manufacture:</b> TOYC <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Climbing Booster Secondary Retention	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

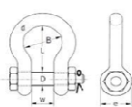


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH55
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
E9 E6 E8 E4 E17 E18 E2 E4	08	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> HK <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Service manifold Hose Secondary Retention	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

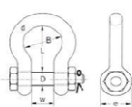


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH56
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F8 F14 F7	03	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> DY <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Service manifold Hose Secondary Retention	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Within an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

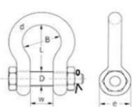


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH57
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4344	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> Toyol <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Service manifold Hose Secondary Retention	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH58
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A17 A29 H48 H17	04	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> HK <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Service manifold Hose Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

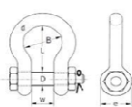


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH59
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A5139A	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> GT <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Service manifold Hose Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

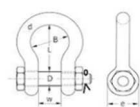


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH60
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4352	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>Size:</b> 1/2"</p> <p><b>Grade:</b> 6</p> <p><b>Manufacture:</b> Toyol</p> <p><b>Safety Factor:</b> 6:1</p>  <p><b><u>LOCATION:</u></b> Service manifold Hose Secondary Retention</p>	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

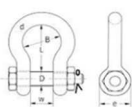


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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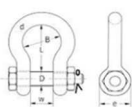


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH61
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
8	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> JMC <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Mud Pump Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

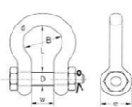


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH62
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
2	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> HK <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Mud Pump Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH63
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A14	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> DY <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Mud Pump Secondary Retention	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH64
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F16	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 1/2"</b> <b>Grade: 6</b> <b>Manufacture: HK</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> Mud Pump Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022



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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH65
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A5137B A5137A	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 1/2"</b> <b>Grade: 6</b> <b>Manufacture: GT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> Mud Pump Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

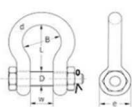


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH66
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B2349 B4354 B4355 B4348 B4345	05	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1/2"</b> <b>Grade: 6</b> <b>Manufacture: Toyolift</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> Mud Pump Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

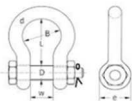


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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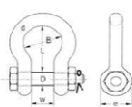


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH67
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
1	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> China <b>Safety Factor:</b> 6:1  <b>LOCATION:</b> Mud Pump Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH68
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F13 F15	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> Mud Pump Secondary Retention	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
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:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> NO <input 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 state NONE) <b>NONE</b>					
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)					YES by:
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

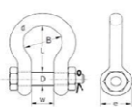


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH69
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A10 A13	02	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> DY <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> SECONDARY RETENTION FALL ARRESTORE UNDER RIG FLOR	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				





REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:		08-05-2024		Date of Report:		08-05-2024		Certificate No:		QC-DQ-04-24-0137-SH70													
Client Name:		Daqing Drilling Company			Location:		Rig (DQ 1202)		Job Number:		QC-DQ-04-24-0137												
Serial Number:		QTY	Description				SWL	Date of manufacture if known:		Date of last thorough examination													
B4334		01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>Size:</b> 5/8"</p> <p><b>Grade:</b> 6</p> <p><b>Manufacture:</b> Toyol</p> <p><b>Safety Factor:</b> 6:1</p> <p><b>LOCATION:</b> ESCAPE DEVICE SECONDARY RETENTION</p>				3.25 TON	N/A		25-11-2023													
Reference Standard:		BS EN 13889																					
Is this the first examination after Installation or assembly at a new site or location?				YES		NO		✓		Was the examination carried out: Within an interval of 6 months?		YES		✓		NO		✓					
If the answer to the above question is YES has the equipment been installed correctly?				YES		NO				In accordance with an examination scheme?		YES		✓		NO		✓					
										After the occurrence of exceptional circumstances?		YES				NO		✓					
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) NONE																							
Is the above a defect which is of immediate danger to persons:																YES				NO		✓	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)												YES by:											
Particulars of any repair, renewal or alteration required to remedy the defect identified above:																							
Particulars of any tests carried out as part of the examination: (If none state NONE)																							
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory																							
IS THIS EQUIPMENT SAFE TO OPERATE?																YES		✓		NO			
Name of Inspector:				Name of person authenticating this report:						Signature				Stamp									
Mohamed Abdalla				Ashraf Elsaid																			
Date of Next Through Examination:				07-11-2024																			

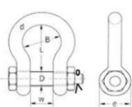


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH71
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4333 B4340	02	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> TOYC <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> SECONDARY RETENTION FALL ARRESTORE UNDER RIG FLOR	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 State NONE) 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH72
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5064 B5066 B5055 B5057 B5068 B5041 B5051 B4353	08	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> Toyol <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Chock manifold Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

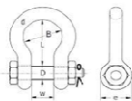


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH73
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5096	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 3/8" <b>Grade:</b> 6 <b>Manufacture:</b> GT <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Chock manifold Secondary Retention	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

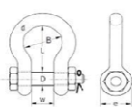


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH74
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
B4343	01	<p style="text-align: center;"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p><b>Size:</b> 5/8"</p> <p><b>Grade:</b> 6</p> <p><b>Manufacture:</b> Toyol</p> <p><b>Safety Factor:</b> 6:1</p> <div style="text-align: center;">  </div> <p><b>LOCATION:</b> Chock manifold Secondary Retention</p>		3.25 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 State NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

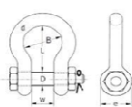


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH75
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
R2	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> HK <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Chock manifold Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
		YES	NO	✓	
		YES	NO	✓	
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 state NONE)		NONE			
Is the above a defect which is of immediate danger to persons:		YES	NO	✓	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)		YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)		The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory			
IS THIS EQUIPMENT SAFE TO OPERATE?		YES	✓	NO	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature:</b>	 		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

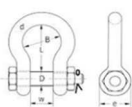


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH76
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A19	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> HK <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> High Pressure Line Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

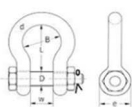


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH77
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5087 B5109	02	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 3/8" <b>Grade:</b> 6 <b>Manufacture:</b> GT <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> High Pressure Line Secondary Retention	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH78
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5046 B5060 B5043 B5045	04	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> Toyol <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Kill Line Hose Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

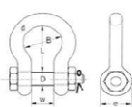


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH79		
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>		
B5095	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 3/8" <b>Grade:</b> 6 <b>Manufacture:</b> GT <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Kill Line Hose Secondary Retention	1 TON	N/A	25-11-2023		
<b>Reference Standard:</b>	BS EN 13889						
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:				
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Within an interval of 6 months?				
			With an interval of 12 months?				
			In accordance with an examination scheme?				
			After the occurrence of exceptional circumstances?				
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 state NONE) 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)				YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE)							
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>				
Mohamed Abdalla	Ashraf Elsaid						
<b>Date of Next Through Examination:</b>	07-11-2024						



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH80
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F12 F21	02	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 5/8" <b>Grade:</b> 6 <b>Manufacture:</b> DY <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Ladder Mud Tank Secondary Retention	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH81
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4350 B4351	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> Toyolift <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Power Tong Secondary Retention	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

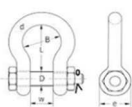


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH82
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
53	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p>  <p> <b>Size: 7/8"</b>  <b>Grade: 6</b>  <b>Manufacture: J&amp;L</b>  <b>Safety Factor: 6:1</b> </p> <p><b><u>LOCATION: MAST MANUAL TONG</u></b></p>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			In accordance with an examination scheme?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			After the occurrence of exceptional circumstances?		<input type="checkbox"/> 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:					<input type="checkbox"/> 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)					YES by:
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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



<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH83
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A3 A6	02	<b><u>SAFETY PIN DEE SHACKLE</u></b> <b>Size:</b> 7/8" <b>Grade:</b> 6 <b>Manufacture:</b> XW <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> AIR WINCH UNDER CROWN BLOCK	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH84
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A2	01	<b><u>SAFETY PIN DEE SHACKLE</u></b>  <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: XW</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MAST MANUAL TONG</u></b>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

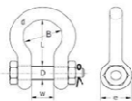


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## CERTIFICATE OF THOROUGH EXAMINATION

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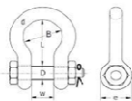


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH85
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
4328 B4316	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> CROWN BLOCK FALL ARRESTORE		8.5 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH86
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
D13	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 1" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> Mast POWER TONG</p>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

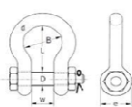


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH87
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4316	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p>  <p> <b>Size: 1"</b>  <b>Grade: 6</b>  <b>Manufacture: Toyolift</b>  <b>Safety Factor: 6:1</b> </p> <p><b>LOCATION:</b> ESCAPE DEVICE</p>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
Was the examination carried out:					
Within an interval of 6 months?		YES	✓	NO	
With an interval of 12 months?		YES		NO	✓
In accordance with an examination scheme?		YES	✓	NO	
After the occurrence of exceptional circumstances?		YES		NO	✓
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	NO
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature:</b>	<b>Stamp:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

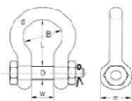


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH88
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A16	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MAST MANUAL TONG</u></b>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

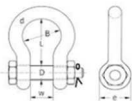


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH89
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
62	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MAST MANUAL TONG</u></b>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

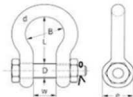



REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>		08-05-2024		<b>Date of Report:</b>		08-05-2024		<b>Certificate No:</b>		QC-DQ-04-24-0137-SH90			
<b>Client Name:</b>		Daqing Drilling Company			<b>Location:</b>		Rig (DQ 1202)		<b>Job Number:</b>		QC-DQ-04-24-0137		
<b>Serial Number:</b>		<b>QTY</b>	<b>Description</b>				<b>SWL</b>	<b>Date of manufacture if known:</b>		<b>Date of last thorough examination</b>			
3-2		01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: CROSBY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MAST MANUAL TONG</u></b>				8.5 TON	N/A		25-11-2023			
<b>Reference Standard:</b>		<b>BS EN 13889</b>											
Is this the first examination after Installation or assembly at a new site or location?				YES		NO		Was the examination carried out: Within an interval of 6 months? With an interval of 12 months?		YES		NO	
				YES		NO				YES		NO	
If the answer to the above question is YES has the equipment been installed correctly?				YES		NO		In accordance with an examination scheme? After the occurrence of exceptional circumstances?		YES		NO	
				YES		NO				YES		NO	
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 State NONE) <b>NONE</b>													
Is the above a defect which is of immediate danger to persons:										YES		NO	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)										YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:													
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory													
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>										YES		NO	
<b>Name of Inspector:</b>			<b>Name of person authenticating this report:</b>					<b>Signature</b>					
Mohamed Abdalla			Ashraf Elsaid										
<b>Date of Next Through Examination:</b>			07-11-2024										

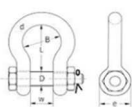


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH91
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
D10	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: J&amp;L</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MAST MANUAL TONG</u></b>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

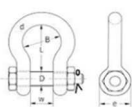


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH892
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
A15 21E	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MAST COUNTER WEIGHT</u></b>		8.5 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ✓		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

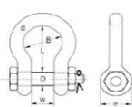


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH93
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5110	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> MAST MAN RIDER</p>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

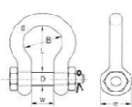


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH94
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
R6553C	01	<p style="text-align: center;"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 3/4"</p> <p>Grade: 6</p> <p>Manufacture: BASH</p> <p>Safety Factor: 6:1</p> <div style="text-align: center;">  </div> <p><b><u>LOCATION:</u></b> FALL ARRESTORE UNDER RIG FLOOR</p>		4.75 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

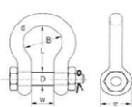

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH95		
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>		
R25	01	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 3/4" <b>Grade:</b> 6 <b>Manufacture:</b> BTY <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> FALL ARRESTORE UNDER RIG FLOOR	4.75 TON	N/A	25-11-2023		
<b>Reference Standard:</b>	BS EN 13889						
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:				
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Within an interval of 6 months?				
			With an interval of 12 months?				
			In accordance with an examination scheme?				
			After the occurrence of exceptional circumstances?				
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 state NONE) 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)				YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE)							
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>				
Mohamed Abdalla	Ashraf Elsaid						
<b>Date of Next Through Examination:</b>	07-11-2024						



REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH96
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
13	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size:</b> 2 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> J&L <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> MAST HANG OFF LINE	55 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 State NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

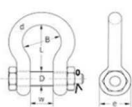


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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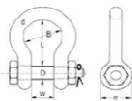


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH97
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
60	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 2 "</b> <b>Grade: 6</b> <b>Manufacture: J&amp;L</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MAST TORQUE TUBE HANGER	35 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH98
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F3	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8 "</p> <p>Grade: 6</p> <p>Manufacture: DY</p> <p>Safety Factor: 6:1</p> <p><b><u>LOCATION:</u></b> MAST UPPER SECTION</p> 	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH99
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
E7 E10	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 5/8 "</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MAST UNDER CROWN BLOCK	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
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:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
			In accordance with an examination scheme?		YES <input type="checkbox"/> NO <input checked="" 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 state NONE) <b>NONE</b>					
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)					YES by:
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

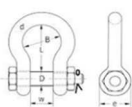


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH100
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
H6 A9	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8 "</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MAST UNDER CROWN BLOCK		3.25 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> √
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

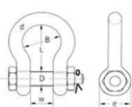


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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH101
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
5 7	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 3/8"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MAST UNDER CROWN BLOCK	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	NO
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

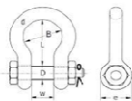


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH102
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
6 2	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 3/8 "</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MAST UNDER CROWN BLOCK	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

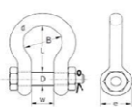


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH103
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F1 E11	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MONKEY BOARD FALLARRESTOR	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

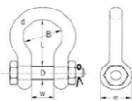


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH104
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5119 B5936	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: Toyolift</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> MAST ESCAPE DEVICE	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

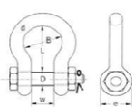


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH105
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B6266	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p align="center">  </p> <p> <b>Size:</b> 3/4"  <b>Grade:</b> 6  <b>Manufacture:</b> Toyolift  <b>Safety Factor:</b> 6:1 </p> <p><b>LOCATION:</b> Air Winch Monkey Board</p>	4.75 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

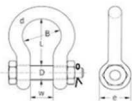


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH106
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
61	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p>  <p>Size: 2" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1</p> <p><b><u>LOCATION:</u></b> TORQUE TUBE HANGER</p>	35 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

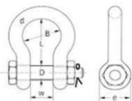


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH107
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
G5	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: H.K</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> Power Tong Cylinder	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

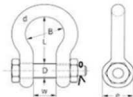




REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

Date of Examination:		08-05-2024		Date of Report:		08-05-2024		Certificate No:		QC-DQ-04-24-0137-SH108		
Client Name:		Daqing Drilling Company			Location:		Rig (DQ 1202)		Job Number:		QC-DQ-04-24-0137	
Serial Number:		QTY	Description				SWL	Date of manufacture if known:		Date of last thorough examination		
F20		01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8"</p> <p>Grade: 6</p> <p>Manufacture: H.K</p> <p>Safety Factor: 6:1</p> <p><b><u>LOCATION:</u></b> Cat Walk</p> 				3.25 TON	N/A		25-11-2023		
Reference Standard:		BS EN 13889										
Is this the first examination after Installation or assembly at a new site or location?				YES		NO		✓		Was the examination carried out: Within an interval of 6 months?		
				YES		NO				With an interval of 12 months?		
If the answer to the above question is YES has the equipment been installed correctly?				YES		NO				In accordance with an examination scheme?		
				YES		NO				After the occurrence of exceptional circumstances?		
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 State NONE) NONE												
Is the above a defect which is of immediate danger to persons:									YES		NO	✓
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)									YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:												
Particulars of any tests carried out as part of the examination: (If none state NONE)												
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory												
IS THIS EQUIPMENT SAFE TO OPERATE?									YES		✓	NO
Name of Inspector:			Name of person authenticating this report:					Signature		Stamp		
Mohamed Abdalla			Ashraf Elsaid									
Date of Next Through Examination:			07-11-2024									

REV: 01 Dated: 20 June 2022

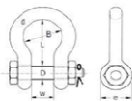


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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH109
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5111 B5112 B5113	03	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> Cat Walk	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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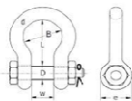


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH110
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5067 B5049 B5040 B5065	04	<b><u>SAFETY PIN BOW SHACKLE</u></b> <b>Size:</b> 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> Toyoli <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Rig Floor Attach With Basket Stretcher	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Within an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH111
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5042	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 1/2" Grade: 6 Manufacture: Toyolift Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> Mud Saver</p>	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

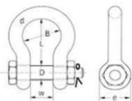


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH106
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
61	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p>  <p>Size: 2" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1</p> <p><b><u>LOCATION:</u></b> TORQUE TUBE HANGER</p>	35 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √ With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> √ In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √ After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> √	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/> √	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

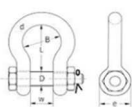


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH112
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A22	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1/2"</b> <b>Grade: 6</b> <b>Manufacture: HK</b> <b>Safety Factor: 6:1</b>  <b>LOCATION:</b> Mud Saver	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" 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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

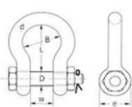


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

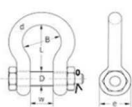


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH113
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
R4	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b>LOCATION:</b> Mud Saver	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH114
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5053	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1/2"</b> <b>Grade: 6</b> <b>Manufacture: Toyolift</b> <b>Safety Factor: 6:1</b>  <b>LOCATION:</b> Riser	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

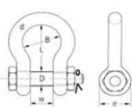


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH115
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
E1 E3	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: HK</b> <b>Safety Factor: 6:1</b>  <b>LOCATION:</b> Riser	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
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:		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			Within an interval of 6 months?		YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
			In accordance with an examination scheme?		YES <input type="checkbox"/> NO <input checked="" 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 state NONE) <b>NONE</b>					
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)					YES by:
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

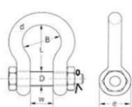


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH116
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
F9	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p>  <p>Size: 5/8" Grade: 6 Manufacture: DY Safety Factor: 6:1</p> <p><b>LOCATION:</b> Riser</p>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		
		Was the examination carried out:			
		Within an interval of 6 months?		YES	✓ NO
		With an interval of 12 months?		YES	NO ✓
		In accordance with an examination scheme?		YES	✓ NO
		After the occurrence of exceptional circumstances?		YES	NO ✓
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	NO ✓
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	✓ NO
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH117
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
221019 221145	02	<b><u>SAFETY PIN DEE SHACKLE</u></b>  <b>Size:</b> 1 1/2" <b>Grade:</b> 6 <b>Manufacture:</b> RWEND <b>Safety Factor:</b> 6:1  <b><u>LOCATION:</u></b> Manual Tong	17 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> 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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH118
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A5	01	<p align="center"><b><u>SAFETY PIN DEE SHACKLE</u></b></p> <p><b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: XW</b> <b>Safety Factor: 6:1</b></p> <p><b><u>LOCATION:</u></b> Poor Boy</p>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH119
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
11	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 5/8"</b> <b>Grade: 6</b> <b>Manufacture: HK</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION:</u></b> Poor Boy	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

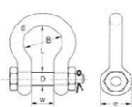


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.





## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH120
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5117	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p align="center">  </p> <p> <b>Size: 7/8"</b>  <b>Grade: 6</b>  <b>Manufacture: Toyolift</b>  <b>Safety Factor: 6:1</b> </p> <p><b>LOCATION:</b> Poor Boy</p>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

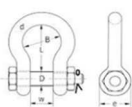


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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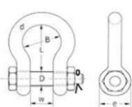


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH121
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5114	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: Toyolift</b> <b>Safety Factor: 6:1</b>  <b>LOCATION:</b> Flair Line	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH122
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
H1	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 3/4"</b> <b>Grade: 6</b> <b>Manufacture: DY</b> <b>Safety Factor: 6:1</b>  <b>LOCATION:</b> Flair Line	4.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

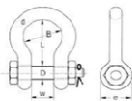


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH123
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5073	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 1"</b> <b>Grade: 6</b> <b>Manufacture: Toyolift</b> <b>Safety Factor: 6:1</b>  <b>LOCATION:</b> Flair Line	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

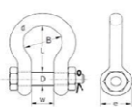


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH124
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5054	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 1/2" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p>  <p><b><u>LOCATION:</u></b> TDS</p>	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH125
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
2210 2211	02	<b><u>SAFETY PIN BOW SHACKLE</u></b>  <b>Size: 2 1/2"</b> <b>Grade: 6</b> <b>Manufacture: DSL</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: ANNULAR BOP</u></b>	55 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

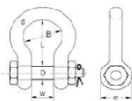



REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH126	
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137	
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>	
B4619	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 2"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: ANNULAR BOP</u></b>	35 TON	N/A	25-11-2023	
<b>Reference Standard:</b>	BS EN 13889					
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓		
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓		
		YES	NO	✓		
		YES	NO	✓		
Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?						
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 state NONE) NONE						
Is the above a defect which is of immediate danger to persons:						
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE)						
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?						
YES						
YES						
NO						
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>			
Mohamed Abdalla	Ashraf Elsaid					
<b>Date of Next Through Examination:</b>	07-11-2024					

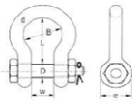


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH127
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
339	01	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 2"</b> <b>Grade: 6</b> <b>Manufacture: CROSBY</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: ANNULAR BOP</u></b>	35 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

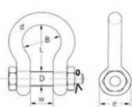


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH128
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5946 B5933 B5945 B5943	04	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: MUD BIT PUMP</u></b>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

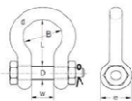


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH129
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5120 B5116 B5941 B5938	04	<b><u>SAFETY PIN BOW SHACKLE</u></b>   <b>Size: 7/8"</b> <b>Grade: 6</b> <b>Manufacture: TOYOLIFT</b> <b>Safety Factor: 6:1</b>  <b><u>LOCATION: POOR BOY</u></b>	6.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>	<b>Stamp:</b>	
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

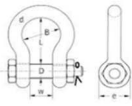


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH130
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B4327 B5080 B5070 B5072 B5075 B5083 B5123	07	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 1" Grade: 6 Manufacture: TOYOLFT Safety Factor: 6:1</p>  <p>LOCATION: STORE</p>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		<b>BS EN 13889</b>			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

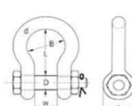


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH131
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A11 D10	02	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 1" Grade: 6 Manufacture: J&amp;L Safety Factor: 6:1</p>  <p>LOCATION: STORE</p>	8.5 TON	N/A	25-11-2023
<b>Reference Standard:</b>		<b>BS EN 13889</b>			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

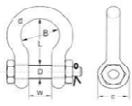


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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH132
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>
F6 F19	02	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: J&amp;L Safety Factor: 6:1</p>  <p>LOCATION: STORE</p>		3.25 TON	N/A
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 State NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaïd				
<b>Date of Next Through Examination:</b>	07-11-2024				

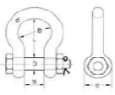


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH133
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5110	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p>  <p>LOCATION: STORE</p>	3.25 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

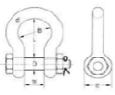


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH134
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5039 B5042	02	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 1/2" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p>  <p>LOCATION: STORE</p>	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		<b>BS EN 13889</b>			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES <input checked="" 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
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The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

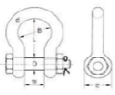


REV: 01 Dated: 20 June 2022

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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH135
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
H17	01	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p>  <p>Size: 1/2" Grade: 6 Manufacture: H.K Safety Factor: 6:1</p> <p>LOCATION: STORE</p>	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		<b>BS EN 13889</b>			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Thorough Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

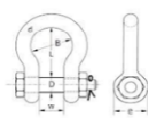


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## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH136
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
1-1 1-2	02	<p align="center"><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 1/2" Grade: 6 Manufacture: Chain Safety Factor: 6:1</p>  <p>LOCATION: Store</p>	2 TON	N/A	25-11-2023
<b>Reference Standard:</b>		<b>BS EN 13889</b>			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

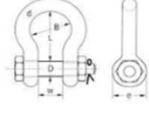


REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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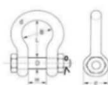


<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH137
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
1-1 1-2	02	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 2 1/2" Grade: 6 Manufacture: J&amp;L Safety Factor: 6:1</p>  <p>Location: Attach with Bracket</p>	55 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	NO
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

REV: 01 Dated: 20 June 2022

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH138
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
A8427 A8428	02	<u><b>SAFETY PIN BOW SHACKLE</b></u>  Size: 2 1/2" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1    Location: Attach with Bracket	55 TON	N/A	25-11-2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out:	
				Within an interval of 6 months?	
				With an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?	
				After the occurrence of exceptional circumstances?	
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 state NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	<input checked="" type="checkbox"/> NO <input 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)				YES by:	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature:</b>		
Mohamed Abdalla	Ashraf Elsaid				
<b>Date of Next Through Examination:</b>	07-11-2024				

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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH139							
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137							
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>							
A1 A2 A3 A4	04	<u><b>SAFETY PIN DEE SHACKLE</b></u>  Size: 1 1/2" Grade: 6 Manufacture: RWEND Safety Factor: 6:1  Location: Attach with Annular Blowout Preventer	17 TON	N/A	25-11-2023							
<b>Reference Standard:</b>	<b>BS EN 13889</b>											
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:									
			Within an interval of 6 months?									
			With an interval of 12 months?									
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	In accordance with an examination scheme?									
			After the occurrence of exceptional circumstances?									
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 state NONE)		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)		YES by:										
Particulars of any repair, renewal or alteration required to remedy the defect identified above:												
Particulars of any tests carried out as part of the examination: (If none state NONE)												
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory												
IS THIS EQUIPMENT SAFE TO OPERATE?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>										
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature:</b>										
Mohamed Abdalla	Ashraf Elsaid											
<b>Date of Next Through Examination:</b>	07-11-2024											

REV: 01 Dated: 20 June 2022

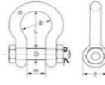
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<b>Date of Examination:</b>	08-05-2024	<b>Date of Report:</b>	08-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0137-SH140
<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0137
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
B5089	01	<p><b><u>SAFETY PIN BOW SHACKLE</u></b></p> <p>Size: 3/8" Grade: 6 Manufacture: GT Safety Factor: 6:1</p>  <p>Location: Attach with Security Escape Bridge</p>	1 TON	N/A	25-11-2023
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	✓	
		YES	NO	✓	
		YES	NO	✓	
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 State NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES	NO
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				YES	NO
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
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IS THIS EQUIPMENT SAFE TO OPERATE?				YES	NO
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Mohamed Abdalla	Ashraf Elsaid				
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