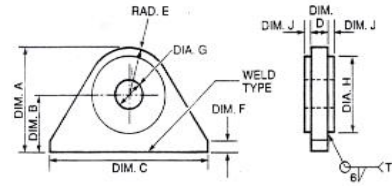




## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-01

Serial Number:	QTY	Description	SWL	Date of last Thorough examination
JJ055 JJ056 JJ057 JJ058	04	Fabricated Pad Eyes MAST H- SUPPORT BEAM  Pad Eye Dimension Thickness: 18 MM Pin Hole: 38 MM Length: 270 MM Height: 160 MM	30 KN	14-11-2023
			Last Proof Load Test:- N/A	
				

<b>Reference Standard:</b>		LEEA DOC 048:2015	
----------------------------	--	-------------------	--

Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months?	YES	✓	NO	
				With an interval of 12 months?	YES		NO	✓
Is 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) N/A

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

**IS THIS EQUIPMENT SAFE TO OPERATE?** YES ☒ NO ☐

NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

**NDT procedure**


Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.





## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-01A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST H- SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ055 , JJ056 , JJ057 , JJ058				



### NDT Equipment Details

<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

### NDT procedure


Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

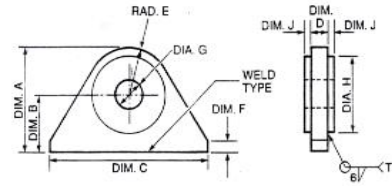

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-02
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ047 JJ048	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		<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 checked="" type="checkbox"/> NO <input 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.








## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-02A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ047 , JJ048				



NDT Equipment Details					
<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

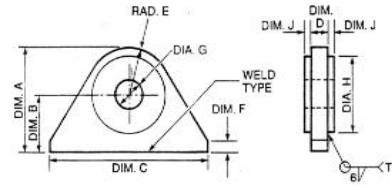

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-03
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
JJ051 JJ052	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM		30 KN	17-11-2023
				Last Proof Load Test:- N/A	
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		YES		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	
		With an interval of 12 months?		YES	
		In accordance with an examination scheme?		YES	
		After the occurrence of exceptional circumstances?		YES	
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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>		<b>Name of person authenticating:</b>		<b>Signature &amp; Stamp:</b>	
Abdullah Mofeed		Mohamed Abdullah			
				<b>Date of Next Thorough Examination:</b>	
				31-10-2024	

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.






## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-03A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ051 , JJ052				



NDT Equipment Details					
<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.

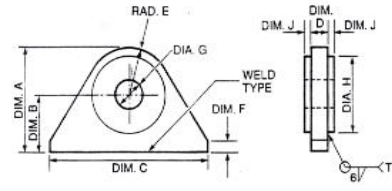







## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-04
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ0531 JJ054	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		<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 checked="" type="checkbox"/> NO <input 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.






## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-04A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ0531 , JJ054				



NDT Equipment Details					
<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.

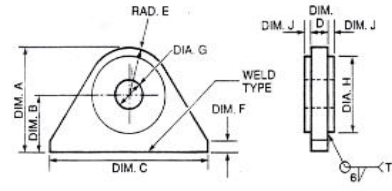







## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-05
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ037 JJ0501	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		<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 checked="" type="checkbox"/> NO <input 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.





## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-05A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ037 , JJ0501				



### NDT Equipment Details

<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

### NDT procedure


Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

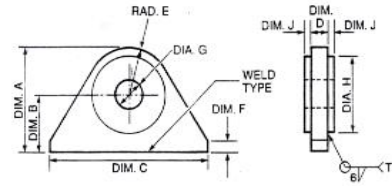

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-06
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ040 JJ045	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		<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 checked="" type="checkbox"/> NO <input 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.








## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-06A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ040 , JJ045				



NDT Equipment Details					
<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

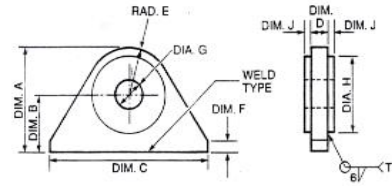

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-07
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ034 JJ038	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		<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 checked="" type="checkbox"/> NO <input 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.






## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-07A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ034 , JJ038				



NDT Equipment Details					
<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.

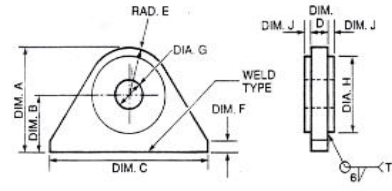







## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-08
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ041 JJ042	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		<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 checked="" type="checkbox"/> NO <input 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.






## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-08A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ041 , JJ042				



NDT Equipment Details					
<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

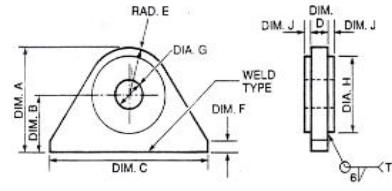

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-09
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ0541 JJ053	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		<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 checked="" type="checkbox"/> NO <input 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 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.

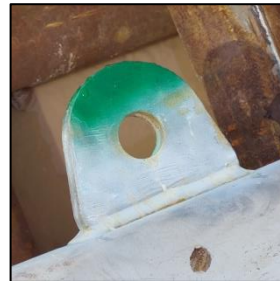







## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-09A
<b>Unit Serial Number</b>	<b>Description of the examined equipment</b>				<b>Result</b>
20019	MAST SUPPORT BEAM PAD EYES				Pass
<b>PAD EYES SN:</b>	JJ0541 , JJ053				



NDT Equipment Details					
<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-09	<b>Due Date</b>	14-08-2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

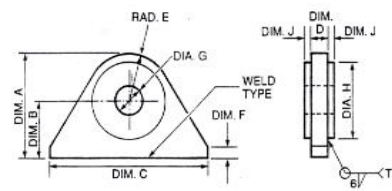
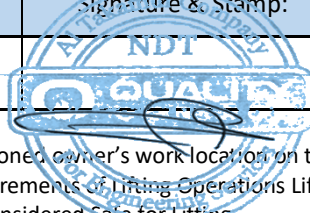
**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-10
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ049 JJ050	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none 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)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>		<b>Date of Next Through Examination:</b>	
Abdullah Mofeed	Mohamed Abdullah			31-10-2024	

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.





## Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0138
Date of Examination:	01-05-2024	Date of Report:	01-05-2024	Certificate No:	QC-DQ-04-24-0138-16-10A
Unit Serial Number	Description of the examined equipment				Result
20019	MAST SUPPORT BEAM PAD EYES				Pass
PAD EYES SN:	JJ049 , JJ050				



### NDT Equipment Details

Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

### NDT procedure


Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

ASNT Level II Inspector Name:	Name of person authenticating:	Signature & Stamp:	Date of Next Through Examination:
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.



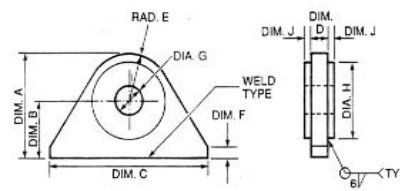




## Certificate of Thorough Examination & NDT of Lifting Equipment

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


<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-11

Serial Number:	QTY	Description	SWL	Date of last Thorough examination
JJ043 JJ044	02	<p style="text-align: center;">Fabricated Pad Eyes MAST SUPPORT BEAM</p> <p>Pad Eye Dimension            Thickness: 20 MM            Pin Hole: 31 MM            Length: 120 MM            Height: 90 MM</p>	30 KN	17-11-2023
			Last Proof Load Test:- N/A	
				

<b>Reference Standard:</b>		LEEA DOC 048:2015								
Is this the first examination after Installation or assembly at a new site or location?	YES	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?	YES	✓	NO	✓		
	YES	NO			YES		NO			
Is the answer to the above question is YES has the equipment been installed correctly?	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)								N/A		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:										
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>								YES	NO	✓

NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

NDT procedure
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection
Identification of any part found to have a defect and a description of the defect:
None
Particulars of any repair, renewal or alteration required to remedy the defect identified above:
None

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.






## Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0138
Date of Examination:	01-05-2024	Date of Report:	01-05-2024	Certificate No:	QC-DQ-04-24-0138-16-11A
Unit Serial Number	Description of the examined equipment				Result
20019	MAST SUPPORT BEAM PAD EYES				Pass
PAD EYES SN:	JJ043 , JJ044				



NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

ASNT Level II Inspector Name:	Name of person authenticating:	Signature & Stamp:	Date of Next Through Examination:
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

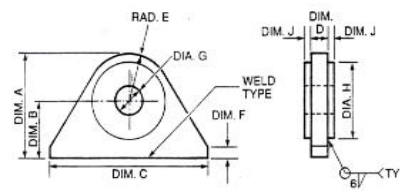

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-12
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
JJ035 JJ036	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM		30 KN	17-11-2023
				Last Proof Load Test:- N/A	
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		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:				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					
<b>ASNT Level II Inspector Name:</b>		<b>Name of person authenticating:</b>		<b>Signature &amp; Stamp:</b>	
Abdullah Mofeed		Mohamed Abdullah			
				<b>Date of Next Through Examination:</b>	
				31-10-2024	

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.








## Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0138
Date of Examination:	01-05-2024	Date of Report:	01-05-2024	Certificate No:	QC-DQ-04-24-0138-16-12A
Unit Serial Number	Description of the examined equipment				Result
20019	MAST SUPPORT BEAM PAD EYES				Pass
PAD EYES SN:	JJ035 , JJ036				



NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

ASNT Level II Inspector Name:	Name of person authenticating:	Signature & Stamp:	Date of Next Through Examination:
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

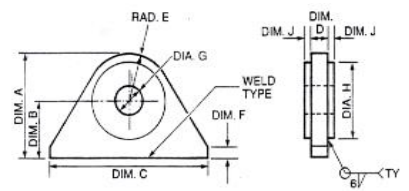
**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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






## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-13
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
JJ039 JJ040	02	Fabricated Pad Eyes MAST SUPPORT BEAM  Pad Eye Dimension Thickness: 20 MM Pin Hole: 31 MM Length: 120 MM Height: 90 MM	30 KN	17-11-2023	
			Last Proof Load Test:- N/A		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.






## Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0138
Date of Examination:	01-05-2024	Date of Report:	01-05-2024	Certificate No:	QC-DQ-04-24-0138-16-13A
Unit Serial Number	Description of the examined equipment				Result
20019	MAST SUPPORT BEAM PAD EYES				Pass
PAD EYES SN:	JJ039 , JJ040				



NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

ASNT Level II Inspector Name:	Name of person authenticating:	Signature & Stamp:	Date of Next Through Examination:
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.

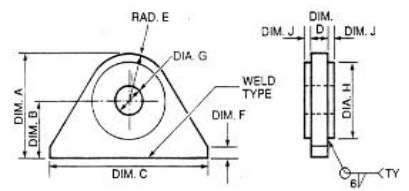







## Certificate of Thorough Examination & NDT of Lifting Equipment

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

<b>Client Name:</b>	Daqing Drilling Company	<b>Location:</b>	Rig (DQ 1202)	<b>Job Number:</b>	QC-DQ-04-24-0138
<b>Date of Examination:</b>	01-05-2024	<b>Date of Report:</b>	01-05-2024	<b>Certificate No:</b>	QC-DQ-04-24-0138-16-14
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
F1 F2 F3 F4	04	Fabricated Pad Eyes MAST OPERATION PLATE  Pad Eye Dimension Thickness: 16 MM Pin Hole: 31 MM Length: 100 MM Height: 110 MM	2 TON	17-11-2023	
			Last Proof Load Test:- 26-05-2023 BY GAMMA		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) NONE					
Is the above a defect which is of immediate danger to persons:				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					

<b>ASNT Level II Inspector Name:</b>	<b>Name of person authenticating:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

REV: 01 Dated: 20 June 2022

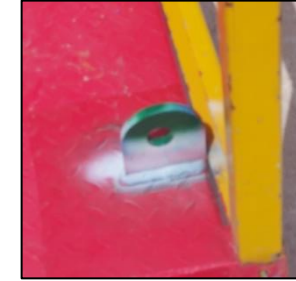
**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory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






## Visual & Magnetic Particles Examination Report

Client Name:	Daqing Drilling Company	Location:	Rig (DQ 1202)	Job Number:	QC-DQ-04-24-0138
Date of Examination:	01-05-2024	Date of Report:	01-05-2024	Certificate No:	QC-DQ-04-24-0138-16-14A
Unit Serial Number	Description of the examined equipment				Result
20019	MAST OPERATION PLATE PAD EYES				Pass
PAD EYES SN:	F1 , F2 , F3 , F4				



NDT Equipment Details					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-09	Due Date	14-08-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025

NDT procedure	
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection	
Identification of any part found to have a defect and a description of the defect:	
None	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:	
None	

ASNT Level II Inspector Name:	Name of person authenticating:	Signature & Stamp:	Date of Next Through Examination:
Abdullah Mofeed	Mohamed Abdullah		31-10-2024

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.

