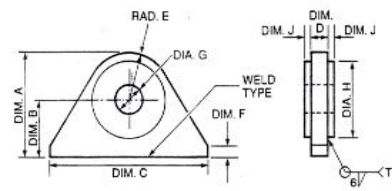





## Certificate of Thorough Examination & NDT of Lifting Equipment

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-B-03-25-0090                          |    |    |
| <b>Date of Examination:</b>                                                                                                                                   | 13-03-2025                            | <b>Date of Report:</b>                                                                       | 13-03-2025    | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-24                    |    |    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                            | <b>Description</b>                                                                           |               | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b> |    |    |
| P1                                                                                                                                                            | 03                                    | Fabricated Pad Eyes                                                                          |               | 70 KN                                                                               | 19-10-2024                               |    |    |
| P2                                                                                                                                                            |                                       | DRILL SIDE 2ND SECTION MAST MANUAL TONG                                                      |               | Last Proof Load Test:- N/A                                                          |                                          |    |    |
| P3                                                                                                                                                            |                                       | Pad Eye Dimension<br>Thickness: 20 MM<br>Pin Hole: 30 MM<br>Length: 198 MM<br>Height: 156 MM |               |  |                                          |    |    |
| <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                                                                                          | ✓             | 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) 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                                                                            | 11. May.2025                             |    |    |
| White Contrast                                                                                                                                                | WCP-2                                 | Batch No:                                                                                    | 220602        | Due Date                                                                            | April.2026                               |    |    |
| Black Ink                                                                                                                                                     | 7HF                                   | Batch No:                                                                                    | 220605        | Due Date                                                                            | Jun.2026                                 |    |    |
| <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>                                            |                                          |    |    |
| Mahmoud Ali                                                                                                                                                   | Mohamed Abdullah                      |          |               | 12-09-2025                                                                          |                                          |    |    |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                       | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-24A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>     |                        |               |                        | <b>Result</b>          |
| 20019                       | DRIIL SIDE 2ND SECTION MAST MANUAL TONG PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | P1 , P2 , P3                                     |                        |               |                        |                        |



### 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> | 11. May.2025 |
| <b>White Contrast</b> | WCP-2     | <b>Batch No:</b>          | 220602        | <b>Due Date</b> | April.2026   |
| <b>Black Ink</b>      | 7HF       | <b>Batch No:</b>          | 220605        | <b>Due Date</b> | Jun.2026     |

### NDT procedure

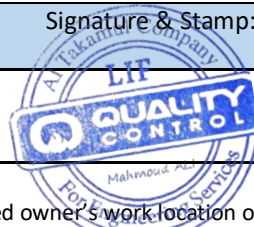
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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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Email: / [Admin@qualitycontrol-iraq.com](mailto:Admin@qualitycontrol-iraq.com)

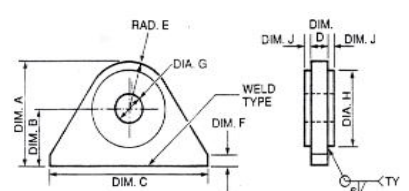
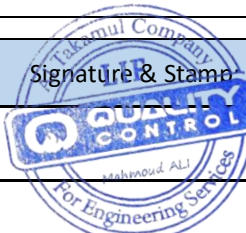
QC-QA-MT-013 Rev.02Date SEP-2024





## 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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                   | 13-03-2025                     | <b>Date of Report:</b>                                                                                                                                                                    | 13-03-2025    | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-25                    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                     | <b>Description</b>                                                                                                                                                                        |               | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b> |
| P7<br>P8<br>P9<br>P10                                                                                                                                         | 04                             | Fabricated Pad Eyes<br>DRILL SIDE 2ND SECTION MAST MANUAL TONG<br>SECONDARY RETENTION<br><br>Pad Eye Dimension<br>Thickness: 16 MM<br>Pin Hole: 37 MM<br>Length: 280 MM<br>Height: 100 MM |               | 30 KN                                                                               | 19-10-2024                               |
|                                                                                                                                                               |                                |                                                                                                                                                                                           |               | 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                                       |
| If the answer to the above question is YES has the equipment been installed correctly?                                                                        | YES                            | NO                                                                                                                                                                                        |               | Was the examination carried out: With an interval of 12 months?                     |                                          |
|                                                                                                                                                               |                                |                                                                                                                                                                                           |               | 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 | YES                            | NO                                                                                                                                                                                        |               | In accordance with an examination scheme?                                           |                                          |
|                                                                                                                                                               |                                |                                                                                                                                                                                           |               | YES                                                                                 | NO                                       |
| Is the above a defect which is of immediate danger to persons:                                                                                                | YES                            | NO                                                                                                                                                                                        | ✓             | After the occurrence of exceptional circumstances?                                  |                                          |
| 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                                                                            | 11. May.2025                             |
| White Contrast                                                                                                                                                | WCP-2                          | Batch No:                                                                                                                                                                                 | 220602        | Due Date                                                                            | April.2026                               |
| Black Ink                                                                                                                                                     | 7HF                            | Batch No:                                                                                                                                                                                 | 220605        | Due Date                                                                            | Jun.2026                                 |
| <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                                                                                                                                                          |                                |                                                                                                                                                                                           |               |                                                                                     |                                          |
| ASNT Level II Inspector Name:                                                                                                                                 | Name of person authenticating: | Signature & Stamp                                                                                                                                                                         |               | Date of Next Through Examination:                                                   |                                          |
| Mahmoud Ali                                                                                                                                                   | Mohamed Abdullah               |                                                                                                       |               | 12-09-2025                                                                          |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                                           | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-25A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>                         |                        |               |                        | <b>Result</b>          |
| 20019                       | DRILL SIDE 2ND SECTION MAST MANUAL TONG SECONDARY RETENTION PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | P7 , P8 , P9 , P10                                                   |                        |               |                        |                        |



| NDT Equipment Details |           |                    |               |          |              |
|-----------------------|-----------|--------------------|---------------|----------|--------------|
| Standard              | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke                  | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast        | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink             | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

| 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                                                                                                             |  |

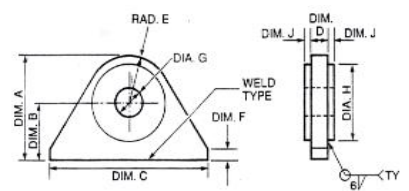

|                                      |                                       |                                                                                      |                                          |
|--------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------|
| <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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                   | 13-03-2025                            | <b>Date of Report:</b>                                                               | 13-03-2025    | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-26                    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                            | <b>Description</b>                                                                   |               | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b> |
| JJ045<br>JJ046<br>JJ047<br>JJ048                                                                                                                              | 04                                    | Fabricated Pad Eyes<br>DRILL SIDE 2ND SECTION MAST                                   |               | 100 KN                                                                              | 19-10-2024                               |
| Pad Eye Dimension<br>Thickness: 24 MM<br>Pin Hole: 45 MM<br>Length: 170 MM<br>Height: 137 MM                                                                  |                                       |                                                                                      |               | 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:<br>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                                                                                   |               | With an interval of 12 months?                                                      |                                          |
|                                                                                                                                                               |                                       |                                                                                      |               | 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 | YES                                   | NO                                                                                   |               | In accordance with an examination scheme?                                           |                                          |
|                                                                                                                                                               |                                       |                                                                                      |               | YES                                                                                 | NO                                       |
| 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                                                                            | 11. May.2025                             |
| White Contrast                                                                                                                                                | WCP-2                                 | Batch No:                                                                            | 220602        | Due Date                                                                            | April.2026                               |
| Black Ink                                                                                                                                                     | 7HF                                   | Batch No:                                                                            | 220605        | Due Date                                                                            | Jun.2026                                 |
| <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>                                            |                                          |
| Mahmoud Ali                                                                                                                                                   | Mohamed Abdullah                      |  |               | 12-09-2025                                                                          |                                          |

**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.

Contact Us: +9647810009138 +9647834964660

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QC-QA-MT-013 Rev.02Date SEP-2024






## Visual & Magnetic Particles Examination Report

|                             |                                              |                        |               |                        |                        |
|-----------------------------|----------------------------------------------|------------------------|---------------|------------------------|------------------------|
| <b>Client Name:</b>         | Daqing Drilling Company                      | <b>Location:</b>       | Rig (DQ 1202) | <b>Job Number:</b>     | QC-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                   | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-26A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b> |                        |               |                        | <b>Result</b>          |
| 20019                       | DRILL SIDE 2ND SECTION MAST PAD EYES         |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | JJ045 , JJ046 , JJ047 , JJ048                |                        |               |                        |                        |



| NDT Equipment Details |           |                    |               |          |              |
|-----------------------|-----------|--------------------|---------------|----------|--------------|
| Standard              | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke                  | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast        | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink             | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

| 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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

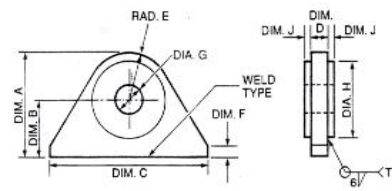

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## Certificate of Thorough Examination & NDT of Lifting Equipment

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-B-03-25-0090                                                     |    |    |
| <b>Date of Examination:</b>                                                                                                                                   | 13-03-2025                            | <b>Date of Report:</b>                                                                       | 13-03-2025    | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-27                                               |    |    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                            | <b>Description</b>                                                                           |               | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b>                            |    |    |
| P4                                                                                                                                                            | 03                                    | Fabricated Pad Eyes                                                                          |               | 70 KN                                                                               | 19-10-2024                                                          |    |    |
| P5                                                                                                                                                            |                                       | OFF DRILL SIDE 2ND SECTION MAST MANUAL TONG                                                  |               | Last Proof Load Test:- N/A                                                          |                                                                     |    |    |
| P6                                                                                                                                                            |                                       | Pad Eye Dimension<br>Thickness: 20 MM<br>Pin Hole: 30 MM<br>Length: 198 MM<br>Height: 156 MM |               |  |                                                                     |    |    |
| <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:<br>Within an interval of 6 months? |    |    |
| If the answer to the above question is YES has the equipment been installed correctly?                                                                        |                                       | YES                                                                                          | NO            |                                                                                     | 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                                                                 | 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                                                                            | 11. May.2025                                                        |    |    |
| White Contrast                                                                                                                                                | WCP-2                                 | Batch No:                                                                                    | 220602        | Due Date                                                                            | April.2026                                                          |    |    |
| Black Ink                                                                                                                                                     | 7HF                                   | Batch No:                                                                                    | 220605        | Due Date                                                                            | Jun.2026                                                            |    |    |
| <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>                            |    |    |
| Mahmoud Ali                                                                                                                                                   | Mohamed Abdullah                      |          |               |                                                                                     | 12-09-2025                                                          |    |    |

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned on the 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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                           | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-27A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>         |                        |               |                        | <b>Result</b>          |
| 20019                       | OFF DRILL SIDE 2ND SECTION MAST MANUAL TONG PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | P4 , P5 , P6                                         |                        |               |                        |                        |



| NDT Equipment Details |           |                    |               |          |              |
|-----------------------|-----------|--------------------|---------------|----------|--------------|
| Standard              | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke                  | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast        | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink             | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

| 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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

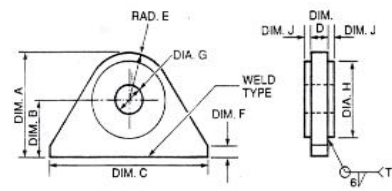

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory 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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                          | 13-03-2025                            | <b>Date of Report:</b>                                                                                                                                                                        | 13-03-2025    | <b>Certificate No:</b>                                                                                                                                                                                                                                                                                                                            | QC-B-03-25-0090-04-28                    |
| <b>Serial Number:</b>                                                                                                                                                | <b>QTY</b>                            | <b>Description</b>                                                                                                                                                                            |               | <b>SWL</b>                                                                                                                                                                                                                                                                                                                                        | <b>Date of last Thorough examination</b> |
| P11<br>P12<br>P13<br>P14                                                                                                                                             | 04                                    | Fabricated Pad Eyes<br>OFF DRILL SIDE 2ND SECTION MAST MANUAL TONG<br>SECONDARY RETENTION<br><br>Pad Eye Dimension<br>Thickness: 16 MM<br>Pin Hole: 37 MM<br>Length: 280 MM<br>Height: 100 MM |               | 30 KN                                                                                                                                                                                                                                                                                                                                             | 19-10-2024                               |
|                                                                                                                                                                      |                                       |                                                                                                                                                                                               |               | 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"/> <input type="checkbox"/>                                                                         |               | Was the examination carried out:<br>Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/><br>With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <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"/>                                                                                    |               | In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/><br>After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <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                                                                                                                                                                                                                                                                                                                                               | 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                                                                                                                                                                                                                                                                                                                                          | 11. May.2025                             |
| White Contrast                                                                                                                                                       | WCP-2                                 | Batch No:                                                                                                                                                                                     | 220602        | Due Date                                                                                                                                                                                                                                                                                                                                          | April.2026                               |
| Black Ink                                                                                                                                                            | 7HF                                   | Batch No:                                                                                                                                                                                     | 220605        | Due Date                                                                                                                                                                                                                                                                                                                                          | Jun.2026                                 |
| <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>                                                                                                                                                                                                                                                                                                          |                                          |
| Mahmoud Ali                                                                                                                                                          | Mohamed Abdullah                      |                                                                                                           |               | 12-09-2025                                                                                                                                                                                                                                                                                                                                        |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                                              | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-28A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>                            |                        |               |                        | <b>Result</b>          |
| 20019                       | OFF DRIIL SIDE 2ND SECTION MAST MANUAL TONGSECONDARY RETENTION PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | P11 , P12 , P13 , P14                                                   |                        |               |                        |                        |



### 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> | 11. May.2025 |
| <b>White Contrast</b> | WCP-2     | <b>Batch No:</b>          | 220602        | <b>Due Date</b> | April.2026   |
| <b>Black Ink</b>      | 7HF       | <b>Batch No:</b>          | 220605        | <b>Due Date</b> | Jun.2026     |


### 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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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.

Contact Us: +9647810009138 +9647834964660

Email: / [Admin@qualitycontrol-iraq.com](mailto:Admin@qualitycontrol-iraq.com)

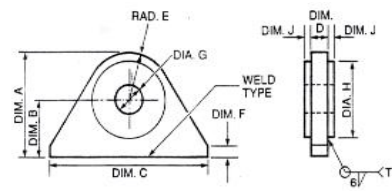

QC-QA-MT-013 Rev.02Date SEP-2024





## 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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                          | 13-03-2025                            | <b>Date of Report:</b>                                                                                                                                     | 13-03-2025    | <b>Certificate No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC-B-03-25-0090-04-29                    |
| <b>Serial Number:</b>                                                                                                                                                | <b>QTY</b>                            | <b>Description</b>                                                                                                                                         |               | <b>SWL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Date of last Thorough examination</b> |
| JJ037<br>JJ038<br>JJ039<br>JJ040                                                                                                                                     | 04                                    | Fabricated Pad Eyes<br>OFF DRILL SIDE 2ND SECTION MAST<br><br>Pad Eye Dimension<br>Thickness: 24 MM<br>Pin Hole: 45 MM<br>Length: 170 MM<br>Height: 137 MM |               | 100 KN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 19-10-2024                               |
|                                                                                                                                                                      |                                       |                                                                                                                                                            |               | 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:<br>Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11. May.2025                             |
| White Contrast                                                                                                                                                       | WCP-2                                 | Batch No:                                                                                                                                                  | 220602        | Due Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | April.2026                               |
| Black Ink                                                                                                                                                            | 7HF                                   | Batch No:                                                                                                                                                  | 220605        | Due Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Jun.2026                                 |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |
| Mahmoud Ali                                                                                                                                                          | Mohamed Abdullah                      |                                                                        |               | 12-09-2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                   | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-29A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b> |                        |               |                        | <b>Result</b>          |
| 20019                       | OFF DRILL SIDE 2ND SECTION MAST PAD EYES     |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | JJ037 , JJ038 , JJ039 , JJ040                |                        |               |                        |                        |



### 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> | 11. May.2025 |
| <b>White Contrast</b> | WCP-2     | <b>Batch No:</b>          | 220602        | <b>Due Date</b> | April.2026   |
| <b>Black Ink</b>      | 7HF       | <b>Batch No:</b>          | 220605        | <b>Due Date</b> | Jun.2026     |

### 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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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.

Contact Us: +9647810009138 +9647834964660

Email: / [Admin@qualitycontrol-iraq.com](mailto:Admin@qualitycontrol-iraq.com)

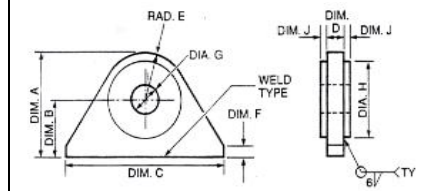

QC-QA-MT-013 Rev.02Date SEP-2024





## 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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                   | 13-03-2025                            | <b>Date of Report:</b>                                                                                                                                                  | 13-03-2025    | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-30                    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                            | <b>Description</b>                                                                                                                                                      |               | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b> |
| JJ017<br>JJ018<br>JJ041<br>JJ042                                                                                                                              | 04                                    | Fabricated Pad Eyes<br>DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST<br><br>Pad Eye Dimension<br>Thickness: 26 MM<br>Pin Hole: 40 MM<br>Length: 270 MM<br>Height: 230 MM |               | 100 KN                                                                              | 19-10-2024                               |
|                                                                                                                                                               |                                       |                                                                                                                                                                         |               | 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:<br>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                                                                                                                                                                      |               | With an interval of 12 months?                                                      |                                          |
|                                                                                                                                                               |                                       |                                                                                                                                                                         |               | 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 | YES                                   | NO                                                                                                                                                                      |               | In accordance with an examination scheme?                                           |                                          |
|                                                                                                                                                               |                                       |                                                                                                                                                                         |               | YES                                                                                 | ✓ NO                                     |
| Is the above a defect which is of immediate danger to persons:                                                                                                | YES                                   | NO                                                                                                                                                                      | ✓             | After the occurrence of exceptional circumstances?                                  |                                          |
| 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:                                                              |                                       |                                                                                                                                                                         |               | N/A                                                                                 |                                          |
| <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                                                                            | 11. May.2025                             |
| White Contrast                                                                                                                                                | WCP-2                                 | Batch No:                                                                                                                                                               | 220602        | Due Date                                                                            | April.2026                               |
| Black Ink                                                                                                                                                     | 7HF                                   | Batch No:                                                                                                                                                               | 220605        | Due Date                                                                            | Jun.2026                                 |
| <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>                                            |                                          |
| Mahmoud Ali                                                                                                                                                   | Mohamed Abdullah                      |                                                                                     |               | 12-09-2025                                                                          |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                            | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-30A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>          |                        |               |                        | <b>Result</b>          |
| 20019                       | DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | JJ017 , JJ018 , JJ041 , JJ042                         |                        |               |                        |                        |



### NDT Equipment Details

|                |           |                    |               |          |              |
|----------------|-----------|--------------------|---------------|----------|--------------|
| Standard       | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke           | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink      | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

### 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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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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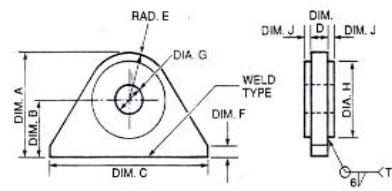

QC-QA-MT-013 Rev.02Date SEP-2024





## Certificate of Thorough Examination & NDT of Lifting Equipment

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

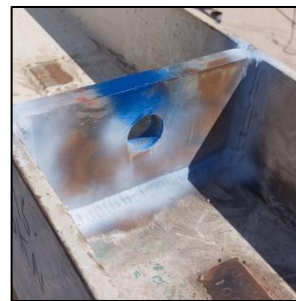
|                                                                                                                                                               |                                       |                                                                                                                                                                         |               |                                                                                     |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------|------------------------------------------|
| <b>Client Name:</b>                                                                                                                                           | Daqing Drilling Company               | <b>Location:</b>                                                                                                                                                        | Rig (DQ 1202) | <b>Job Number:</b>                                                                  | QC-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                   | 13-03-2025                            | <b>Date of Report:</b>                                                                                                                                                  | 13-03-2025    | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-31                    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                            | <b>Description</b>                                                                                                                                                      |               | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b> |
| JJ013<br>JJ014<br>JJ015<br>JJ016                                                                                                                              | 04                                    | Fabricated Pad Eyes<br>DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST<br><br>Pad Eye Dimension<br>Thickness: 24 MM<br>Pin Hole: 42 MM<br>Length: 270 MM<br>Height: 240 MM |               | 100 KN                                                                              | 19-10-2024                               |
|                                                                                                                                                               |                                       |                                                                                                                                                                         |               | 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:<br>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                                                                                                                                                                      |               | With an interval of 12 months?                                                      |                                          |
|                                                                                                                                                               |                                       |                                                                                                                                                                         |               | 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 | YES                                   | NO                                                                                                                                                                      |               | In accordance with an examination scheme?                                           |                                          |
|                                                                                                                                                               |                                       |                                                                                                                                                                         |               | YES                                                                                 | NO                                       |
| Is the above a defect which is of immediate danger to persons:                                                                                                | YES                                   | NO                                                                                                                                                                      | ✓             | After the occurrence of exceptional circumstances?                                  |                                          |
| 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                                   |                                                                                                                                                                         |               | YES                                                                                 | NO                                       |
| 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                                                                            | 11. May.2025                             |
| White Contrast                                                                                                                                                | WCP-2                                 | Batch No:                                                                                                                                                               | 220602        | Due Date                                                                            | April.2026                               |
| Black Ink                                                                                                                                                     | 7HF                                   | Batch No:                                                                                                                                                               | 220605        | Due Date                                                                            | Jun.2026                                 |
| <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>                                            |                                          |
| Mahmoud Ali                                                                                                                                                   | Mohamed Abdullah                      |                                                                                     |               | 12-09-2025                                                                          |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                            | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-31A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>          |                        |               |                        | <b>Result</b>          |
| 20019                       | DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | JJ013 , JJ014 , JJ015 , JJ016                         |                        |               |                        |                        |



### NDT Equipment Details

|                |           |                    |               |          |              |
|----------------|-----------|--------------------|---------------|----------|--------------|
| Standard       | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke           | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink      | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

### NDT procedure

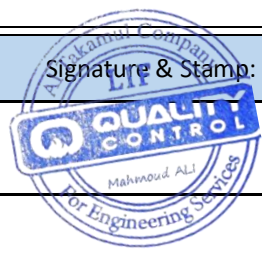
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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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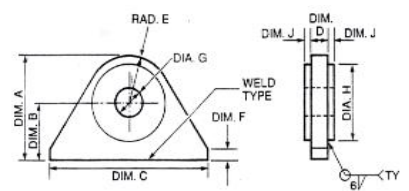

QC-QA-MT-013 Rev.02 Date SEP-2024





## 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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                  | 13-03-2025                     | <b>Date of Report:</b>                                                                                                                                                                                       | 13-03-2025                                                          | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-32                    |
| <b>Serial Number:</b>                                                                                                                                        | <b>QTY</b>                     | <b>Description</b>                                                                                                                                                                                           |                                                                     | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b> |
| C5<br>C7                                                                                                                                                     | 01                             | Fabricated Pad Eyes<br>DRIIL SIDE & OFF DRIIL SIDE 2ND SECTION MAST<br>ESCAPE DEVICE SECONDARY RETENTION<br><br>Pad Eye Dimension<br>Thickness: 25 MM<br>Pin Hole: 40 MM<br>Length: 370 MM<br>Height: 230 MM |                                                                     | 100 KN                                                                              | 19-10-2024                               |
|                                                                                                                                                              |                                |                                                                                                                                                                                                              |                                                                     | 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:<br>Within an interval of 6 months? |                                                                                     |                                          |
|                                                                                                                                                              | <input type="checkbox"/>       | <input checked="" 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?                                                                       | YES                            | NO                                                                                                                                                                                                           | Was the examination carried out:<br>With an interval of 12 months?  |                                                                                     |                                          |
|                                                                                                                                                              | <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 Sate NONE) NONE | YES                            | NO                                                                                                                                                                                                           | In accordance with an examination scheme?                           |                                                                                     |                                          |
|                                                                                                                                                              | <input type="checkbox"/>       | <input type="checkbox"/>                                                                                                                                                                                     | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                                     |                                          |
| Is the above a defect which is of immediate danger to persons:                                                                                               |                                | YES                                                                                                                                                                                                          | NO                                                                  | After the occurrence of exceptional circumstances?                                  |                                          |
| <input type="checkbox"/>                                                                                                                                     |                                | <input type="checkbox"/>                                                                                                                                                                                     | <input checked="" 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)                                                  |                                | 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                                                                  |                                                                                     |                                          |
| <input checked="" type="checkbox"/>                                                                                                                          |                                | <input type="checkbox"/>                                                                                                                                                                                     | <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                                                                            | 11. May.2025                             |
| White Contrast                                                                                                                                               | WCP-2                          | Batch No:                                                                                                                                                                                                    | 220602                                                              | Due Date                                                                            | April.2026                               |
| Black Ink                                                                                                                                                    | 7HF                            | Batch No:                                                                                                                                                                                                    | 220605                                                              | Due Date                                                                            | Jun.2026                                 |
| <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                                                                                                                                                         |                                |                                                                                                                                                                                                              |                                                                     |                                                                                     |                                          |
| ASNT Level II Inspector Name:                                                                                                                                | Name of person authenticating: | Signature & Stamp:                                                                                                                                                                                           |                                                                     | Date of Next Through Examination:                                                   |                                          |
| Mahmoud Ali                                                                                                                                                  | Mohamed Abdullah               |                                                                                                                          |                                                                     | 12-09-2025                                                                          |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                                                              | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-32A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>                                            |                        |               |                        | <b>Result</b>          |
| 20019                       | DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST SECONDARY ESCAPE DEVICE RETENTION PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | C5 , C7                                                                                 |                        |               |                        |                        |



### NDT Equipment Details

|                |           |                    |               |          |              |
|----------------|-----------|--------------------|---------------|----------|--------------|
| Standard       | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke           | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink      | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

### 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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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.

Contact Us: +9647810009138 +9647834964660

Email: / [Admin@qualitycontrol-iraq.com](mailto:Admin@qualitycontrol-iraq.com)

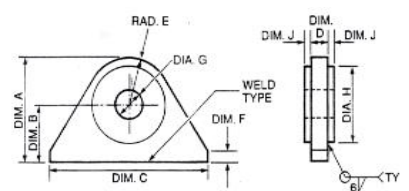

QC-QA-MT-013 Rev.02 Date SEP-2024





## 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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                          | 13-03-2025                     | <b>Date of Report:</b>                                                                      | 13-03-2025                          | <b>Certificate No:</b>                                                                                                | QC-B-03-25-0090-04-33                    |
| <b>Serial Number:</b>                                                                                                                                                | <b>QTY</b>                     | <b>Description</b>                                                                          |                                     | <b>SWL</b>                                                                                                            | <b>Date of last Thorough examination</b> |
| C4                                                                                                                                                                   | 01                             | Fabricated Pad Eyes<br>DRILL SIDE 2ND SECTION MAST ESCAPE DEVICE<br>SECONDARY RETENTION     |                                     | 2.3 TON                                                                                                               | 19-10-2024                               |
|                                                                                                                                                                      |                                | Pad Eye Dimension<br>Thickness: 22 MM<br>Pin Hole: 29 MM<br>Length: 100 MM<br>Height: 85 MM |                                     | Last Proof Load Test:- N/A<br><br> |                                          |
| <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:<br>Within an interval of 6 months?                                                   |                                          |
|                                                                                                                                                                      |                                |                                                                                             | <input checked="" type="checkbox"/> | YES                                                                                                                   |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | NO                                                                                                                    |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | NO                                                                                                                    |                                          |
| If the answer to the above question is YES has the equipment been installed correctly?                                                                               |                                | YES                                                                                         | NO                                  | Was the examination carried out:<br>With an interval of 12 months?                                                    |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | YES                                                                                                                   |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | NO                                                                                                                    |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | NO                                                                                                                    |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | NO                                                                                                                    |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | NO                                                                                                                    |                                          |
|                                                                                                                                                                      |                                |                                                                                             |                                     | 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                                       |
|                                                                                                                                                                      |                                |                                                                                             |                                     |                                                                                                                       | <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                                                                                                                   | NO                                       |
|                                                                                                                                                                      |                                |                                                                                             |                                     | <input checked="" type="checkbox"/>                                                                                   | <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                                                                                                              | 11. May.2025                             |
| White Contrast                                                                                                                                                       | WCP-2                          | Batch No:                                                                                   | 220602                              | Due Date                                                                                                              | April.2026                               |
| Black Ink                                                                                                                                                            | 7HF                            | Batch No:                                                                                   | 220605                              | Due Date                                                                                                              | Jun.2026                                 |
| <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                                                                                                                                                                 |                                |                                                                                             |                                     |                                                                                                                       |                                          |
| ASNT Level II Inspector Name:                                                                                                                                        | Name of person authenticating: | Signature & Stamp:                                                                          |                                     | Date of Next Through Examination:                                                                                     |                                          |
| Mahmoud Ali                                                                                                                                                          | Mohamed Abdullah               |         |                                     | 12-09-2025                                                                                                            |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                                                | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-33A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>                              |                        |               |                        | <b>Result</b>          |
| 20019                       | DRIIL SIDE 2ND SECTION MAST SECONDARY ESCAPE DEVICE RETENTION<br>PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | C4                                                                        |                        |               |                        |                        |



| NDT Equipment Details |           |                    |               |          |              |
|-----------------------|-----------|--------------------|---------------|----------|--------------|
| Standard              | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke                  | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast        | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink             | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

| 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: |
|-------------------------------|--------------------------------|--------------------------------------------------------------------------------------|-----------------------------------|
| Mahmoud Ali                   | Mohamed Abdullah               |  | 12-09-2025                        |

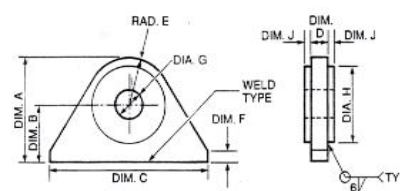
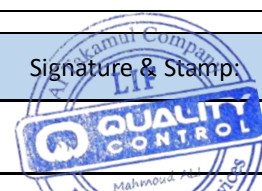
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## Certificate of Thorough Examination & NDT of Lifting Equipment

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-B-03-25-0090                          |
| <b>Date of Examination:</b>                                                                                                                                   | 13-03-2025                     | <b>Date of Report:</b>                                                                         | 13-03-2025                          | <b>Certificate No:</b>                                                              | QC-B-03-25-0090-04-34                    |
| <b>Serial Number:</b>                                                                                                                                         | <b>QTY</b>                     | <b>Description</b>                                                                             |                                     | <b>SWL</b>                                                                          | <b>Date of last Thorough examination</b> |
| 01                                                                                                                                                            | 04                             | Fabricated Pad Eyes<br>DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST<br>FALL ARRESTORE HANG OFF |                                     | 6 TON                                                                               | 19-10-2024                               |
| 02                                                                                                                                                            |                                | Pad Eye Dimension                                                                              |                                     | Last Proof Load Test:- 26-05-2023 BY GAMMA                                          |                                          |
| 03                                                                                                                                                            |                                | Thickness: 21 MM                                                                               |                                     |  |                                          |
| 04                                                                                                                                                            |                                | Pin Hole: 40 MM<br>Length: 278 MM<br>Height: 310 MM                                            |                                     |                                                                                     |                                          |
| <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:<br>Within an interval of 6 months?                 |                                          |
|                                                                                                                                                               |                                |                                                                                                | <input checked="" type="checkbox"/> | YES                                                                                 |                                          |
| If the answer to the above question is YES has the equipment been installed correctly?                                                                        |                                | YES                                                                                            | NO                                  | 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                                       |
|                                                                                                                                                               |                                |                                                                                                |                                     |                                                                                     | <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                                                                                 | NO                                       |
|                                                                                                                                                               |                                |                                                                                                |                                     | <input checked="" type="checkbox"/>                                                 |                                          |
| <b>NDT Equipment Details</b>                                                                                                                                  |                                |                                                                                                |                                     |                                                                                     |                                          |
| Standard                                                                                                                                                      | ASTM E709                      | Viewing Condition:                                                                             | Colored Media                       | Method                                                                              | WET                                      |
| Yoke                                                                                                                                                          | Permanent                      | Serial No:                                                                                     | PY-09                               | Due Date                                                                            | 11. May.2025                             |
| White Contrast                                                                                                                                                | WCP-2                          | Batch No:                                                                                      | 220602                              | Due Date                                                                            | April.2026                               |
| Black Ink                                                                                                                                                     | 7HF                            | Batch No:                                                                                      | 220605                              | Due Date                                                                            | Jun.2026                                 |
| <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                                                                                                                                                          |                                |                                                                                                |                                     |                                                                                     |                                          |
| ASNT Level II Inspector Name:                                                                                                                                 | Name of person authenticating: | Signature & Stamp:                                                                             |                                     | Date of Next Through Examination:                                                   |                                          |
| Mahmoud Ali                                                                                                                                                   | Mohamed Abdullah               |            |                                     | 12-09-2025                                                                          |                                          |

**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-B-03-25-0090        |
| <b>Date of Examination:</b> | 13-03-2025                                                                    | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-34A |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>                                  |                        |               |                        | <b>Result</b>          |
| 20019                       | DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST FALL ARRESTORE HANG OFF PAD EYES |                        |               |                        | Pass                   |
| <b>PAD EYES SN:</b>         | 01 , 02 , 03 , 04                                                             |                        |               |                        |                        |



### 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> | 11. May.2025 |
| <b>White Contrast</b> | WCP-2     | <b>Batch No:</b>          | 220602        | <b>Due Date</b> | April.2026   |
| <b>Black Ink</b>      | 7HF       | <b>Batch No:</b>          | 220605        | <b>Due Date</b> | Jun.2026     |

### NDT procedure

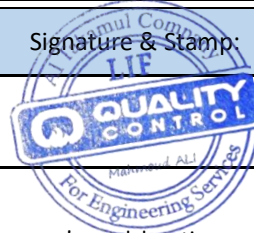
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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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QC-QA-MT-013 Rev.02Date SEP-2024





## Visual & Magnetic Particles Examination Report

|                             |                                                                                  |                        |               |                        |                       |
|-----------------------------|----------------------------------------------------------------------------------|------------------------|---------------|------------------------|-----------------------|
| <b>Client Name:</b>         | Daqing Drilling Company                                                          | <b>Location:</b>       | Rig (DQ 1202) | <b>Job Number:</b>     | QC-B-03-25-0090       |
| <b>Date of Examination:</b> | 13-03-2025                                                                       | <b>Date of Report:</b> | 13-03-2025    | <b>Certificate No:</b> | QC-B-03-25-0090-04-35 |
| <b>Unit Serial Number</b>   | <b>Description of the examined equipment</b>                                     |                        |               |                        | <b>Result</b>         |
| 20019                       | DRILL SIDE & OFF DRILL SIDE 2ND SECTION MAST CONNECTING TO MONKEY BOARD PAD EYES |                        |               |                        | Pass                  |
| <b>PAD EYES SN:</b>         | CB01 , CB02                                                                      |                        |               |                        |                       |



### NDT Equipment Details

|                |           |                    |               |          |              |
|----------------|-----------|--------------------|---------------|----------|--------------|
| Standard       | ASTM E709 | Viewing Condition: | Colored Media | Method   | WET          |
| Yoke           | Permanent | Serial No:         | PY-09         | Due Date | 11. May.2025 |
| White Contrast | WCP-2     | Batch No:          | 220602        | Due Date | April.2026   |
| Black Ink      | 7HF       | Batch No:          | 220605        | Due Date | Jun.2026     |

### NDT procedure

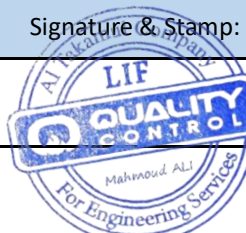
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

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> |
| Mahmoud Ali                          | Mohamed Abdullah                      |  | 12-09-2025                               |

**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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QC-QA-MT-013 Rev.02 Date SEP-2024

