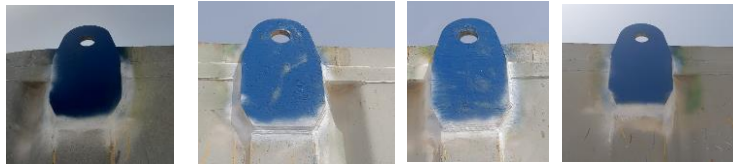




CERTIFICATION OF VISUAL THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

| Client: | HALLIBURTON CEMENTING | Report No: | QC-B-04-25-0028-14 | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|-------------|--------------|---------------------------|--|-------|--------|-----|---|-----------|-------|------|--------------|-----|----------|-------|-----|--------|--------|-----|
| Location: | ZPEC-25 | Job Number: | QC-B-04-25-0028 | | | | | | | | | | | | | | | | | | | |
| Inspection Date: | 24-Apr-2025 | Inspection Due Date: | 23-Oct-2025 | | | | | | | | | | | | | | | | | | | |
| Type Of Inspection: | VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION | Specification: | ASTM E709 -21 LATEST EDITION | | | | | | | | | | | | | | | | | | | |
| | | UNIT DESCRIPTION: | WATER TANK PAD EYES | | | | | | | | | | | | | | | | | | | |
| | | UNIT S/N: | 11730286 | | | | | | | | | | | | | | | | | | | |
| | | UNIT DIM: | 12 M (L) X 3.35 M (W) X 3.30 M (H) | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>PADEYES S/N</th> <th>QTY</th> <th colspan="2">BOTTOM PAD EYES DIMENSION</th> <th>M.G.W</th> <th>REMARK</th> </tr> </thead> <tbody> <tr> <td>P05</td> <td rowspan="4">4</td> <td>Thickness</td> <td>20 mm</td> <td rowspan="4">14 T</td> <td rowspan="4">Satisfactory</td> </tr> <tr> <td>P06</td> <td>Pin Hole</td> <td>60 mm</td> </tr> <tr> <td>P07</td> <td>Length</td> <td>250 mm</td> </tr> <tr> <td>P08</td> <td>Height</td> <td>480 mm</td> </tr> </tbody> </table> | | PADEYES S/N | QTY | BOTTOM PAD EYES DIMENSION | | M.G.W | REMARK | P05 | 4 | Thickness | 20 mm | 14 T | Satisfactory | P06 | Pin Hole | 60 mm | P07 | Length | 250 mm | P08 |
| PADEYES S/N | QTY | BOTTOM PAD EYES DIMENSION | | M.G.W | REMARK | | | | | | | | | | | | | | | | | |
| P05 | 4 | Thickness | 20 mm | 14 T | Satisfactory | | | | | | | | | | | | | | | | | |
| P06 | | Pin Hole | 60 mm | | | | | | | | | | | | | | | | | | | |
| P07 | | Length | 250 mm | | | | | | | | | | | | | | | | | | | |
| P08 | | Height | 480 mm | | | | | | | | | | | | | | | | | | | |
| INSPECTION RESULT : | | | | | | | | | | | | | | | | | | | | | | |
| VISUAL , THOROUGH EXAMINATION | | unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage | | | | | | | | | | | | | | | | | | | | |
| MAGNETIC PARTICLE INSPECTION | | Welds & forgn areas inspected and found free from cracks and other defects | | | | | | | | | | | | | | | | | | | | |
| FINAL RESULTS | | unit found satisfactory and free of defects at the time of inspection | | | | | | | | | | | | | | | | | | | | |
| COMMENT: | | | | | | | | | | | | | | | | | | | | | | |
| Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast | | | | | | | | | | | | | | | | | | | | | | |


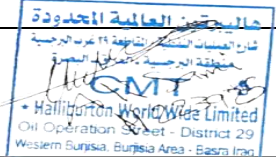


| EQUIPMENT DETAILS | | | | | PERSON DETAILS | | REVIEW BY | | |
|---|--|----------------------|--------------------------------------|----------------------|-----------------------------|--|-----------|--|--------------------|
| Equipment: | AC-Yoke Test Block | Equipment: | Digital Lux Meter | Equipment: | AC/DC Yoke | INSPECTOR NAME: Khalid Mahmoud | | SENIOR INSPECTOR: | ASHRAF ELSAID |
| S.No: | 1657 | S.No: | 2722003 | S.No: | 201504052 | | | QUALIFICATION: ASNT LEVEL II MT & PT & VT | SUPERVISOR: |
| Cal Due Date: | 7-Oct-25 | Cal Due Date: | 9-Oct-25 | Cal Due Date: | 7-Oct-25 | STAMP & SIGNATURE: | | CLIENT: | |
| Black Magnetic Ink Manufacture: | Magnaflux | Batch No: | 230604 | Expiry Date: | MAY.2026 | | | | |
| Whie Contrast Paint Manufacture: | Magnaflux | Batch No: | 230408 | Expiry Date: | APRIL,2026 | | | | |
| Technical Details: | Magnetic Partical Concentration | | Method | | WMPT Light Intensity | | | | |
| | 1.2 to 2.4 ml/100 ml | | Wet Magnetic Particle Testing (WMPT) | | 3620 Lux | | | | |
| Cal Due Date:1.APRIL.2026 | Black Magnetic Ink Concentration 7 HF | | 1.2 to 2.4 ml/100 ml | | EXPIRE DATE: | 10-Jul-2026 | | | |

CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

| | | | |
|---|---|-----------------------------|--|
| Client: | HALLIBURTON CEMENTING | Report No: | QC-B-04-25-0028-15 |
| Location: | ZPEC-25 | Job Number: | QC-B-04-25-0028 |
| Inspection Date: | 24-Apr-2025 | Inspection Due Date: | 23-Oct-2025 |
| Type Of Inspection: | VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION | Specification: | ASTM E709 -21 LATEST EDITION |
|  | | UNIT DESCRIPTION: | LIFTING LUGS OF WATER TANK |
| | | UNIT S/N: | 11730286 |
| | | UNIT DIM: | 12 M (L) X 3.35 M (W) X 3.30 M (H) |
| | | LIFTING LUGS S/N: | P01 TO P04 |
| | | INSPECTION RESULT : | |
| VISUAL , THOROUGH EXAMINATION | unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage | | |
| MAGNETIC PARTICLE INSPECTION | Welds & forgn areas inspected and found free from cracks and other defects | | |
| FINAL RESULTS | unit found satisfactory and free of defects at the time of inspection | | |
| COMMENT: | | |  |
| Magnetic Particle Inspection With A/C Hand Yoke , Black & White Contrast | | | |



| EQUIPMENT DETAILS | | | | | | PERSON DETAILS | | REVIEW BY | |
|---|--|---------------------------------------|--------------------------------------|----------------------|-----------------------------|-------------------------------|---|--------------------------|---|
| Equipment: | AC-Yoke Test Block | Equipment: | Digital Lux Meter | Equipment: | AC/DC Yoke | INSPECTOR NAME: |  | SENIOR INSPECTOR: | ASHRAF ELSAID |
| S.No: | 1657 | S.No: | 2722003 | S.No: | 201504052 | QUALIFICATION: | | SUPERVISOR: | HANI ALI |
| Cal Due Date: | 7-Oct-25 | Cal Due Date: | 9-Oct-25 | Cal Due Date: | 7-Oct-25 | ASNT LEVEL II MT & PT & VT | | CLIENT: |  |
| Black Magnetic Ink Manufacture: | Magnaflux | Batch No: | 230604 | Expiry Date: | MAY,2026 | STAMP & SIGNATURE: | | | |
| Whie Contrast Paint Manufacture: | Magnaflux | Batch No: | 230408 | Expiry Date: | APRIL,2026 | | | | |
| Technical Details: | Magnetic Partical Concentration | | Method | | WMPT Light Intensity | | | | |
| | 1.2 to 2.4 ml/100 ml | | Wet Magnetic Particle Testing (WMPT) | | 3620 Lux | | | | |
| Cal Due Date: | 1.APRIL.2026 | Black Magnetic Ink Concentration 7 HF | | 1.2 to 2.4 ml/100 ml | EXPIRE DATE: | 10-Jul-2026 | | | |

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED**

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

| | | | | | |
|-----------------------------|------------------------------|------------------------|-------------------|------------------------|---------------------------|
| Date of Examination: | 24-04-2025 | Date of Report: | 24-04-2025 | Certificate No: | QC-B-04-25-0028-16 |
| Client Name: | Halliburton CEMENTING | Location: | ZPEC-25 | Job Number: | QC-B-04-25-0028 |

| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|---|---------|-------------------------------|-----------------------------------|
| L506 | 01 | <p><u>SAFETY PIN BOW SHACKLE</u></p> <p>SIZE: 1 1/8"</p> <p>GRADE: 6</p> <p>MANUFACTURE: K.F</p> <p>S.F: 6:1</p> | 9.5 TON | N/A | 21-01-2025 |

Reference Standard: BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

| | | | | | | | |
|---|-----|----|---|--|-----|----|---|
| Is this the first examination after Installation or assembly at a new site or location? | YES | NO | ✓ | Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances? | YES | NO | ✓ |
| | YES | NO | ✓ | | YES | NO | ✓ |

Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) **NONE**

Is the above a defect which is of immediate danger to persons: YES NO

Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when) YES by:

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

Particulars of any tests carried out as part of the examination: (If none state NONE)

The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

| | | | |
|--|---|-------------------------------|--|
| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp: | |
| Khalid Mahmoud | ASHRAF ELSAID | | |
| Date of Next Through Examination: | 23-10-2025 | | |

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person has attended 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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CERTIFICATE OF THOROUGH EXAMINATION

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

| | | | | | |
|-----------------------------|------------------------------|------------------------|-------------------|------------------------|---------------------------|
| Date of Examination: | 24-04-2025 | Date of Report: | 24-04-2025 | Certificate No: | QC-B-04-25-0028-17 |
| Client Name: | Halliburton CEMENTING | Location: | ZPEC-25 | Job Number: | QC-B-04-25-0028 |

| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|--|---------|-------------------------------|-----------------------------------|
| A3723 | 01 | <p><u>SAFETY PIN BOW SHACKLE</u></p> <p>SIZE: 1"</p> <p>GRADE: 6</p> <p>MANUFACTURE: TOYOLIFT</p> <p>S.F: 6:1</p> | 8.5 TON | N/A | 21-01-2025 |

Reference Standard: BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

| | | | | | | | | |
|---|-----|----|---|--|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location? | YES | NO | √ | Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances? | YES | √ | NO | |
| | | | | | YES | | NO | √ |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | NO | | | YES | √ | NO | |
| | | | | | YES | | NO | √ |

Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) **NONE**

Is the above a defect which is of immediate danger to persons: YES NO

Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when) YES by: _____

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

Particulars of any tests carried out as part of the examination: (If none state NONE)

The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

| | | | |
|--|---|-------------------------------|--|
| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp: | |
| Khalid Mahmoud | ASHRAF ELSAID | | |
| Date of Next Through Examination: | 23-10-2025 | | |

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person (IC) at 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: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

| | | | | | |
|-----------------------------|------------------------------|------------------------|-------------------|------------------------|---------------------------|
| Date of Examination: | 24-04-2025 | Date of Report: | 24-04-2025 | Certificate No: | QC-B-04-25-0028-18 |
| Client Name: | Halliburton CEMENTING | Location: | ZPEC-25 | Job Number: | QC-B-04-25-0028 |

| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|--|---------|-------------------------------|-----------------------------------|
| L8754 | 01 | <p><u>SAFETY PIN BOW SHACKLE</u></p> <p>SIZE: 1"</p> <p>GRADE: 6</p> <p>MANUFACTURE: GT</p> <p>S.F: 6:1</p> | 8.5 TON | N/A | 21-01-2025 |

Reference Standard: BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

| | | | | | | | |
|---|-----|----|---|--|-----|----|---|
| Is this the first examination after Installation or assembly at a new site or location? | YES | NO | ✓ | Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances? | YES | NO | ✓ |
| | YES | NO | ✓ | | YES | NO | ✓ |

Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) **NONE**

Is the above a defect which is of immediate danger to persons: YES NO

Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when) YES by: _____

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

Particulars of any tests carried out as part of the examination: (If none state NONE)

The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

| | | | |
|--|---|-------------------------------|--|
| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp: | |
| Khalid Mahmoud | ASHRAF ELSAID | | |
| Date of Next Through Examination: | 23-10-2025 | | |

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person inspected 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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CERTIFICATE OF THOROUGH EXAMINATION

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

| | | | | | |
|-----------------------------|------------------------------|------------------------|-------------------|------------------------|---------------------------|
| Date of Examination: | 24-04-2025 | Date of Report: | 24-04-2025 | Certificate No: | QC-B-04-25-0028-19 |
| Client Name: | Halliburton CEMENTING | Location: | ZPEC-25 | Job Number: | QC-B-04-25-0028 |

| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
|----------------|-----|---|----------|-------------------------------|-----------------------------------|
| D011 | 01 | <p><u>SAFETY PIN BOW SHACKLE</u></p> <p>SIZE: 1"</p> <p>GRADE: 8</p> <p>MANUFACTURE: J&L</p> <p>S.F: 6:1</p> | 12.5 TON | N/A | 21-01-2025 |

Reference Standard: BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

| | | | | | | | |
|---|-----|----|---|--|-----|----|---|
| Is this the first examination after Installation or assembly at a new site or location? | YES | NO | √ | Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances? | YES | NO | √ |
| | YES | NO | | | YES | NO | √ |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | NO | | | YES | NO | √ |
| | | | | | YES | NO | √ |

Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) **NONE**

Is the above a defect which is of immediate danger to persons: YES NO

Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when) YES by:

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

Particulars of any tests carried out as part of the examination: (If none state NONE)

The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

| | | | |
|--|---|-------------------------------|--|
| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp: | |
| Khalid Mahmoud | ASHRAF ELSAID | | |
| Date of Next Through Examination: | 23-10-2025 | | |

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person has examined 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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CERTIFICATE OF THOROUGH EXAMINATION

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

| | | | | | |
|-----------------------------|------------------------------|------------------------|-------------------|------------------------|---------------------------|
| Date of Examination: | 24-04-2025 | Date of Report: | 24-04-2025 | Certificate No: | QC-B-04-25-0028-20 |
| Client Name: | Halliburton CEMENTING | Location: | ZPEC-25 | Job Number: | QC-B-04-25-0028 |

| Serial Number: | QTY | Description | SWL | Date of manufacture if known: | Date of last thorough examination |
|----------------------------------|-----|--|-----------------|-------------------------------|-----------------------------------|
| L3768 L3767 L3769 L3766 | 04 | <u>SINGLE LEG WIRE ROPE SLING</u> Diameter: 32 MM Length: 6 M IWRC, Mechanically Spliced With Aluminum Ferrules, Soft Eye X Soft Eye. S.F: 5:1 | 11.8 TON | N/A | 21-01-2025 |

Reference Standard: BS EN 13414-1/ HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1

| | | | | | | | | |
|---|-----|----|---|---|--------------------------------|-----|----|----|
| Is this the first examination after Installation or assembly at a new site or location? | YES | NO | ✓ | Was the examination carried out: Within an interval of 6 months? | YES | ✓ | NO | |
| | | | | | With an interval of 12 months? | YES | | NO |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | NO | | In accordance with an examination scheme? After the occurrence of exceptional circumstances? | YES | ✓ | NO | |
| | | | | | YES | | NO | ✓ |

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:

Particulars of any tests carried out as part of the examination: (If none state NONE)

The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory

IS THIS EQUIPMENT SAFE TO OPERATE? YES NO

| | | | |
|--|---|-------------------------------|--|
| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp: | |
| Khalid Mahmoud | ASHRAF ELSAID | | |
| Date of Next Through Examination: | 23-10-2025 | | |

REV: 01 Dated: 20 June 2022

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

