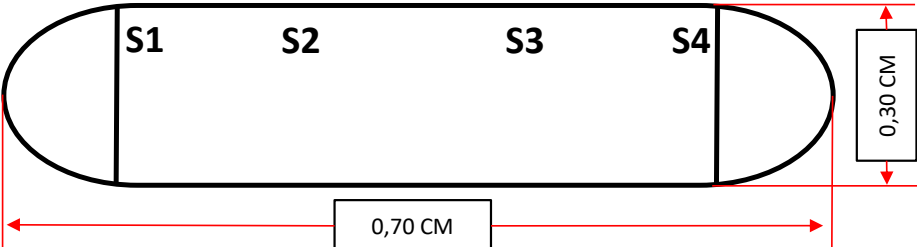
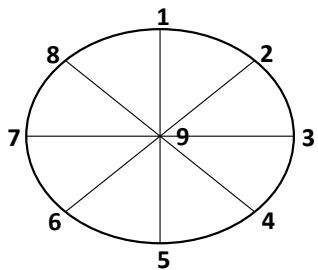
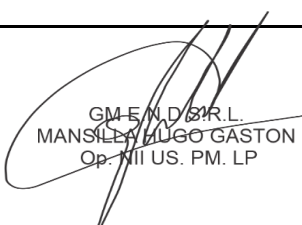
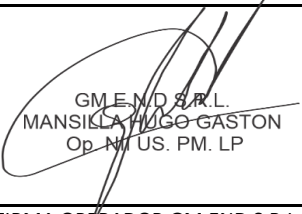


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>INFORME DE I.N.D</b>                      |                                                                                                                                           | <b>Nº 12.425</b><br>HOJA 1 de 2                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>TANQUE DE AIRE</b>                        |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PROCEDIMIENTO: <b>PO 31</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>          | CLIENTE: <b>ESTRELLA SERVICIOS PETROLEROS S.A.</b>                                                                                        | FECHA:                                         | <div style="display: flex; justify-content: space-between; width: 100px;"> <span>31</span> <span>05</span> <span>2022</span> </div> |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                     | Nº PARTE: <b>2.004</b>                                                                                                                    | LUGAR DE INSPECCIÓN: <b>BASE GM END S.R.L.</b> |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| MARCA: <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IDENT Nº: <b>402-102.</b>                    | VIGENCIA:                                                                                                                                 | <b>12 MESES</b>                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Inspección a metal limpio:</td> <td style="width: 33%;">Arenado <input type="checkbox"/></td> <td style="width: 33%;">Limpieza Mecánica <input checked="" type="checkbox"/></td> </tr> <tr> <td>Inspección con Ultrasonido</td> <td>Falla <input type="checkbox"/></td> <td>Espesor <input checked="" type="checkbox"/></td> </tr> <tr> <td>Inspección por Partículas Mag.</td> <td>Húmedas <input type="checkbox"/></td> <td>Secas <input checked="" type="checkbox"/></td> </tr> <tr> <td>Prueba de Estanqueidad</td> <td>Si <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Presión de Diseño</td> <td><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>150</span><span>PSI</span></div></td> </tr> <tr> <td>Prueba Hidráulica</td> <td>Presión de Prueba</td> <td><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>150</span><span>PSI</span></div></td> </tr> <tr> <td></td> <td>Presión de Trabajo</td> <td><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>120</span><span>PSI</span></div></td> </tr> <tr> <td>Tipo de Tanque</td> <td>Vertical <input checked="" type="checkbox"/></td> <td>Horizontal <input type="checkbox"/></td> </tr> <tr> <td>Producto Almacenado</td> <td>Aire <input checked="" type="checkbox"/></td> <td>Gas Oil <input type="checkbox"/></td> </tr> </table> |                                              |                                                                                                                                           |                                                |                                                                                                                                     | Inspección a metal limpio:                | Arenado <input type="checkbox"/> | Limpieza Mecánica <input checked="" type="checkbox"/> | Inspección con Ultrasonido | Falla <input type="checkbox"/> | Espesor <input checked="" type="checkbox"/> | Inspección por Partículas Mag. | Húmedas <input type="checkbox"/> | Secas <input checked="" type="checkbox"/> | Prueba de Estanqueidad | Si <input checked="" type="checkbox"/> | No <input type="checkbox"/> |       | Presión de Diseño | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>150</span><span>PSI</span></div> | Prueba Hidráulica   | Presión de Prueba | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>150</span><span>PSI</span></div> |          | Presión de Trabajo | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>120</span><span>PSI</span></div> | Tipo de Tanque | Vertical <input checked="" type="checkbox"/> | Horizontal <input type="checkbox"/> | Producto Almacenado | Aire <input checked="" type="checkbox"/> | Gas Oil <input type="checkbox"/> |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Arenado <input type="checkbox"/>             | Limpieza Mecánica <input checked="" type="checkbox"/>                                                                                     |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Inspección con Ultrasonido                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Falla <input type="checkbox"/>               | Espesor <input checked="" type="checkbox"/>                                                                                               |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Inspección por Partículas Mag.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Húmedas <input type="checkbox"/>             | Secas <input checked="" type="checkbox"/>                                                                                                 |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Prueba de Estanqueidad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Si <input checked="" type="checkbox"/>       | No <input type="checkbox"/>                                                                                                               |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Presión de Diseño                            | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>150</span><span>PSI</span></div> |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Prueba Hidráulica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Presión de Prueba                            | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>150</span><span>PSI</span></div> |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Presión de Trabajo                           | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span>120</span><span>PSI</span></div> |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Tipo de Tanque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Vertical <input checked="" type="checkbox"/> | Horizontal <input type="checkbox"/>                                                                                                       |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Producto Almacenado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Aire <input checked="" type="checkbox"/>     | Gas Oil <input type="checkbox"/>                                                                                                          |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>EQUIPO UTILIZADO</th> <th>Nº DE SERIE / LOTE</th> <th>Nº DE CERTIFICADO</th> <th>F. CALIBRACIÓN</th> <th>F. DE VENCIMIENTO</th> </tr> <tr> <td>YUGO</td> <td>0586</td> <td>5864</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>EQUIPO UT</td> <td>060913/2</td> <td>06300</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC49723</td> <td>06302</td> <td>8/9/2021</td> <td>8/9/2022</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>1701005785</td> <td>049552000190002</td> <td>jul-17</td> <td>jul-22</td> </tr> <tr> <td>MASA PATRON</td> <td>864</td> <td>06303</td> <td>8/5/2020</td> <td>8/5/2025</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                                           |                                                |                                                                                                                                     | EQUIPO UTILIZADO                          | Nº DE SERIE / LOTE               | Nº DE CERTIFICADO                                     | F. CALIBRACIÓN             | F. DE VENCIMIENTO              | YUGO                                        | 0586                           | 5864                             | 8/9/2021                                  | 8/9/2022               | EQUIPO UT                              | 060913/2                    | 06300 | 8/5/2020          | 8/5/2025                                                                                                                                  | MEDIDOR INT. LUZ UV | AC49723           | 06302                                                                                                                                     | 8/9/2021 | 8/9/2022           | PARTICULAS S/H                                                                                                                            | 1701005785     | 049552000190002                              | jul-17                              | jul-22              | MASA PATRON                              | 864                              | 06303 | 8/5/2020 | 8/5/2025 |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nº DE SERIE / LOTE                           | Nº DE CERTIFICADO                                                                                                                         | F. CALIBRACIÓN                                 | F. DE VENCIMIENTO                                                                                                                   |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0586                                         | 5864                                                                                                                                      | 8/9/2021                                       | 8/9/2022                                                                                                                            |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 060913/2                                     | 06300                                                                                                                                     | 8/5/2020                                       | 8/5/2025                                                                                                                            |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AC49723                                      | 06302                                                                                                                                     | 8/9/2021                                       | 8/9/2022                                                                                                                            |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1701005785                                   | 049552000190002                                                                                                                           | jul-17                                         | jul-22                                                                                                                              |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| MASA PATRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 864                                          | 06303                                                                                                                                     | 8/5/2020                                       | 8/5/2025                                                                                                                            |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="7">MEDICIÓN DE ESPESORES POR ULTRASONIDO EN:</th> <th rowspan="2">ESPESOR<br/>MÍNIMO</th> </tr> <tr> <th>PUNTO</th> <th>CASQUETE A</th> <th>CASQUETE B</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> </tr> <tr><td>1</td><td>2,5</td><td>2,6</td><td>2,4</td><td>2,2</td><td>2,6</td><td>2,8</td><td>2,20</td></tr> <tr><td>2</td><td>2,4</td><td>2,5</td><td>2,3</td><td>2,3</td><td>2,5</td><td>2,7</td><td>2,30</td></tr> <tr><td>3</td><td>2,5</td><td>2,6</td><td>2,2</td><td>2,3</td><td>2,4</td><td>2,6</td><td>2,20</td></tr> <tr><td>4</td><td>2,3</td><td>2,7</td><td>2,6</td><td>2,3</td><td>2,5</td><td>2,4</td><td>2,30</td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">   </div>                                                                                                                           |                                              |                                                                                                                                           |                                                |                                                                                                                                     | MEDICIÓN DE ESPESORES POR ULTRASONIDO EN: |                                  |                                                       |                            |                                |                                             |                                | ESPESOR<br>MÍNIMO                | PUNTO                                     | CASQUETE A             | CASQUETE B                             | S1                          | S2    | S3                | S4                                                                                                                                        | 1                   | 2,5               | 2,6                                                                                                                                       | 2,4      | 2,2                | 2,6                                                                                                                                       | 2,8            | 2,20                                         | 2                                   | 2,4                 | 2,5                                      | 2,3                              | 2,3   | 2,5      | 2,7      | 2,30 | 3 | 2,5 | 2,6 | 2,2 | 2,3 | 2,4 | 2,6 | 2,20 | 4 | 2,3 | 2,7 | 2,6 | 2,3 | 2,5 | 2,4 | 2,30 | 5 |  |  |  |  |  |  |  | 6 |  |  |  |  |  |  |  | 7 |  |  |  |  |  |  |  | 8 |  |  |  |  |  |  |  | 9 |  |  |  |  |  |  |  |
| MEDICIÓN DE ESPESORES POR ULTRASONIDO EN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  | ESPESOR<br>MÍNIMO                                     |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| PUNTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CASQUETE A                                   | CASQUETE B                                                                                                                                | S1                                             | S2                                                                                                                                  | S3                                        | S4                               |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,5                                          | 2,6                                                                                                                                       | 2,4                                            | 2,2                                                                                                                                 | 2,6                                       | 2,8                              | 2,20                                                  |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,4                                          | 2,5                                                                                                                                       | 2,3                                            | 2,3                                                                                                                                 | 2,5                                       | 2,7                              | 2,30                                                  |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,5                                          | 2,6                                                                                                                                       | 2,2                                            | 2,3                                                                                                                                 | 2,4                                       | 2,6                              | 2,20                                                  |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,3                                          | 2,7                                                                                                                                       | 2,6                                            | 2,3                                                                                                                                 | 2,5                                       | 2,4                              | 2,30                                                  |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <br/>           GM END S.R.L.<br/>           MANSILLA HUGO GASTON<br/>           Op. III US. PM. LP         </div> <div style="width: 30%; border-top: 1px solid black;"></div> <div style="width: 35%;">           PRECINTO Nº <div style="border: 1px solid black; width: 100px; height: 20px;"></div><br/>           FECHA PUESTA EN VIGENCIA <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                           |                                                |                                                                                                                                     |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | FIRMA CLIENTE - ACLARACIÓN                                                                                                                |                                                | FIRMA - ACLARACIÓN                                                                                                                  |                                           |                                  |                                                       |                            |                                |                                             |                                |                                  |                                           |                        |                                        |                             |       |                   |                                                                                                                                           |                     |                   |                                                                                                                                           |          |                    |                                                                                                                                           |                |                                              |                                     |                     |                                          |                                  |       |          |          |      |   |     |     |     |     |     |     |      |   |     |     |     |     |     |     |      |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                           | <b>INFORME DE I.N.D</b>                                                                                                                                                                                                                               |                                                    | <b>Nº 12.425</b><br>HOJA 2 de 2 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------|---------------------------|----------------------|---|--|------------------------------|---|--|-------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                           | <b>TANQUE DE AIRE</b>                                                                                                                                                                                                                                 |                                                    |                                 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |
| PROCEDIMIENTO: <b>PO 31</b>                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                   | CLIENTE: <b>ESTRELLA SERVICIOS PETROLEROS S.A.</b> | FECHA:                          | 31 / 05 / 2022            |                      |   |  |                              |   |  |                                                                                     |  |  |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                              | Nº PARTE: 2.004                                    | LUGAR DE INSPECCIÓN:            | <b>BASE GM END S.R.L.</b> |                      |   |  |                              |   |  |                                                                                     |  |  |
| <b>DESCRIPCIÓN</b>                                                                                                                                                                                                                                                                                        | <table border="1"> <thead> <tr> <th></th> <th>APTO</th> <th>NO APTO</th> </tr> </thead> <tbody> <tr> <td>Detección de Fisuras</td> <td>X</td> <td></td> </tr> <tr> <td>Medidas dentro de Tolerancia</td> <td>X</td> <td></td> </tr> </tbody> </table> |                                                    | APTO                            | NO APTO                   | Detección de Fisuras | X |  | Medidas dentro de Tolerancia | X |  |  |  |  |
|                                                                                                                                                                                                                                                                                                           | APTO                                                                                                                                                                                                                                                  | NO APTO                                            |                                 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |
| Detección de Fisuras                                                                                                                                                                                                                                                                                      | X                                                                                                                                                                                                                                                     |                                                    |                                 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |
| Medidas dentro de Tolerancia                                                                                                                                                                                                                                                                              | X                                                                                                                                                                                                                                                     |                                                    |                                 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |
| <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between;"> <div>Aprobación según procedimiento Nº PO 31 ASME VIII</div> <div style="border: 1px solid black; padding: 5px; color: red; font-weight: bold;">SI</div> </div> </div> |                                                                                                                                                                                                                                                       |                                                    |                                 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |
| <br>GME.N.D S.R.L.<br>MANSILLA HUGO GASTON<br>Op. NI US. PM. LP                                                                                                                                                        | FIRMA CLIENTE - ACLARACIÓN                                                                                                                                                                                                                            | PRECINTO Nº<br>FECHA PUESTA EN VIGENCIA            |                                 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                              | FIRMA CLIENTE - ACLARACIÓN                                                                                                                                                                                                                            | FIRMA - ACLARACIÓN                                 |                                 |                           |                      |   |  |                              |   |  |                                                                                     |  |  |

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