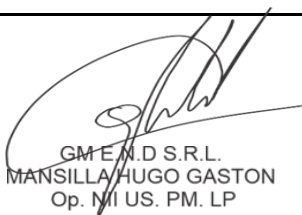


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>INFORME DE I.N.D</b>                     |                                             |                                                                                      | <b>Nº 14.571</b><br>HOJA 1 de 2                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ACCESORIO 3"</b>                         |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PROCEDIMIENTO: <b>PO 45</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>         | CLIENTE: <b>MAG WELL SERVICES</b>           | FECHA:                                                                               | 09                                             | 10 | 2023 |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PRÁCTICA DEL CLIENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             | <input type="checkbox"/>                    | Nº PARTE: <b>2.828</b>                                                               | LUGAR DE INSPECCIÓN: <b>BASE GM END S.R.L.</b> |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| DIAMETRO: <b>3"</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | IDENT Nº: <b>#313</b>                       | VIGENCIA:                                                                            | <b>12 MESES</b>                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Inspección a metal limpio:</td> <td style="width: 33%;">Arenado <input checked="" type="checkbox"/></td> <td style="width: 33%;">Limpieza Mecánica <input 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></td> <td>Presión de Diseño</td> <td style="text-align: center;">10000 PSI</td> </tr> <tr> <td>Prueba Hidráulica</td> <td>Presión de Prueba</td> <td style="text-align: center;">10000 PSI</td> </tr> <tr> <td></td> <td>Presión de Trabajo</td> <td style="text-align: center;">10000 PSI</td> </tr> <tr> <td>Condiciones de Entrega:</td> <td>Desarmado <input type="checkbox"/></td> <td>Armado <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                           |                                             |                                             |                                                                                      |                                                |    |      | Inspección a metal limpio: | Arenado <input checked="" type="checkbox"/> | Limpieza Mecánica <input 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"/> |   | Presión de Diseño | 10000 PSI | Prueba Hidráulica | Presión de Prueba | 10000 PSI |           | Presión de Trabajo | 10000 PSI | Condiciones de Entrega: | Desarmado <input type="checkbox"/> | Armado <input checked="" type="checkbox"/> |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Inspección a metal limpio:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Arenado <input checked="" type="checkbox"/> | Limpieza Mecánica <input 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"/>   |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Presión de Diseño                           | 10000 PSI                                   |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Prueba Hidráulica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Presión de Prueba                           | 10000 PSI                                   |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Presión de Trabajo                          | 10000 PSI                                   |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Condiciones de Entrega:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Desarmado <input type="checkbox"/>          | Armado <input checked="" type="checkbox"/>  |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <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> </thead> <tbody> <tr> <td>LÁMPARA UV</td> <td>9296</td> <td>NO APLICA</td> <td>CALIBRACIÓN INT.</td> <td>-</td> </tr> <tr> <td>YUGO</td> <td>303</td> <td>NO APLICA</td> <td>CALIBRACIÓN INT.</td> <td>-</td> </tr> <tr> <td>EQUIPO UT</td> <td>20200054198</td> <td>40562</td> <td>27/12/2022</td> <td>27/12/2023</td> </tr> <tr> <td>EQUIPO UT</td> <td>5020634</td> <td>45945</td> <td>31/07/2023</td> <td>31/07/2024</td> </tr> <tr> <td>BOBINA AC-DC</td> <td>17052908</td> <td>06299</td> <td>08/05/2020</td> <td>08/05/2025</td> </tr> <tr> <td>MEDIDOR DE CAMPO</td> <td>GM 064</td> <td>NO APLICA</td> <td>NO APLICA</td> <td>NO APLICA</td> </tr> <tr> <td>MED. INT. LUZ V</td> <td>070801317</td> <td>40561</td> <td>27/12/2022</td> <td>27/12/2023</td> </tr> <tr> <td>MEDIDOR INT. LUZ UV</td> <td>AC 49723</td> <td>40560</td> <td>27/12/2022</td> <td>27/12/2023</td> </tr> <tr> <td>PARTICULAS S/H</td> <td>2101005648</td> <td>NO APLICA</td> <td>jun-2021</td> <td>jun-2026</td> </tr> <tr> <td>MASA PATRÓN</td> <td>864</td> <td>06303</td> <td>1/8/2023</td> <td>1/8/2024</td> </tr> </tbody> </table> |                                             |                                             |                                                                                      |                                                |    |      | EQUIPO UTILIZADO           | Nº DE SERIE / LOTE                          | Nº DE CERTIFICADO                          | F. CALIBRACIÓN                                                                       | F. DE VENCIMIENTO              | LÁMPARA UV                                  | 9296                           | NO APLICA                        | CALIBRACIÓN INT.                          | - | YUGO              | 303       | NO APLICA         | CALIBRACIÓN INT.  | -         | EQUIPO UT | 20200054198        | 40562     | 27/12/2022              | 27/12/2023                         | EQUIPO UT                                  | 5020634 | 45945 | 31/07/2023 | 31/07/2024 | BOBINA AC-DC | 17052908 | 06299 | 08/05/2020 | 08/05/2025 | MEDIDOR DE CAMPO | GM 064 | NO APLICA | NO APLICA | NO APLICA | MED. INT. LUZ V | 070801317 | 40561 | 27/12/2022 | 27/12/2023 | MEDIDOR INT. LUZ UV | AC 49723 | 40560 | 27/12/2022 | 27/12/2023 | PARTICULAS S/H | 2101005648 | NO APLICA | jun-2021 | jun-2026 | MASA PATRÓN | 864 | 06303 | 1/8/2023 | 1/8/2024 |
| EQUIPO UTILIZADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Nº DE SERIE / LOTE                          | Nº DE CERTIFICADO                           | F. CALIBRACIÓN                                                                       | F. DE VENCIMIENTO                              |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| LÁMPARA UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9296                                        | NO APLICA                                   | CALIBRACIÓN INT.                                                                     | -                                              |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| YUGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 303                                         | NO APLICA                                   | CALIBRACIÓN INT.                                                                     | -                                              |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20200054198                                 | 40562                                       | 27/12/2022                                                                           | 27/12/2023                                     |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| EQUIPO UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5020634                                     | 45945                                       | 31/07/2023                                                                           | 31/07/2024                                     |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| BOBINA AC-DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17052908                                    | 06299                                       | 08/05/2020                                                                           | 08/05/2025                                     |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MEDIDOR DE CAMPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GM 064                                      | NO APLICA                                   | NO APLICA                                                                            | NO APLICA                                      |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MED. INT. LUZ V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 070801317                                   | 40561                                       | 27/12/2022                                                                           | 27/12/2023                                     |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MEDIDOR INT. LUZ UV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AC 49723                                    | 40560                                       | 27/12/2022                                                                           | 27/12/2023                                     |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| PARTICULAS S/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2101005648                                  | NO APLICA                                   | jun-2021                                                                             | jun-2026                                       |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| MASA PATRÓN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 864                                         | 06303                                       | 1/8/2023                                                                             | 1/8/2024                                       |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE INSPECCIÓN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">APTO</td> <td style="width: 10%; text-align: center;">NO APTO</td> <td rowspan="4" style="width: 50%; text-align: center;">  </td> </tr> <tr> <td>Detección de Fisuras</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Conexión</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Estado de Cuerpo</td> <td style="text-align: center;">X</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                             |                                                                                      |                                                |    |      |                            | APTO                                        | NO APTO                                    |  | Detección de Fisuras           | X                                           |                                | Estado de Conexión               | X                                         |   | Estado de Cuerpo  | X         |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | APTO                                        | NO APTO                                     |  |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Detección de Fisuras                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X                                           |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Conexión                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X                                           |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Estado de Cuerpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X                                           |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| Aprobación según procedimiento Nº PO 45 ASME V - B 31.3 - API 570                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                             | SI                                                                                   |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| <b>DETALLE DE TAREAS REALIZADAS - OBSERVACIONES - COMENTARIOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                             |                                                                                      | PRECINTO Nº<br>FECHA PUESTA EN VIGENCIA        |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| GM E.N.D. S.R.L.<br>MANSILLA HUGO GASTON<br>Op. M.I. US. PM. LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                             |                                                                                      |                                                |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |
| FIRMA OPERADOR GM END S.R.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | FIRMA CLIENTE - ACLARACIÓN                  |                                                                                      | FIRMA - ACLARACIÓN                             |    |      |                            |                                             |                                            |                                                                                      |                                |                                             |                                |                                  |                                           |   |                   |           |                   |                   |           |           |                    |           |                         |                                    |                                            |         |       |            |            |              |          |       |            |            |                  |        |           |           |           |                 |           |       |            |            |                     |          |       |            |            |                |            |           |          |          |             |     |       |          |          |

TIRSO LOPEZ Nº 636 - Bo INDUSTRIAL - COM. RIV. - CHUBUT - 9000 - CEL: (0297) 15-6256447 - EMAIL: mansilla.end@gmail.com



## INFORME DE I.N.D

Nº 14.571

HOJA 2 de 2

## ACCESORIO 2"

PROCEDIMIENTO: PO 45

☒

CLIENTE:

MAG WELL SERVICES

FECHA

09

10

2023

PRÁCTICA DEL CLIENTE

☐

Nº PARTE

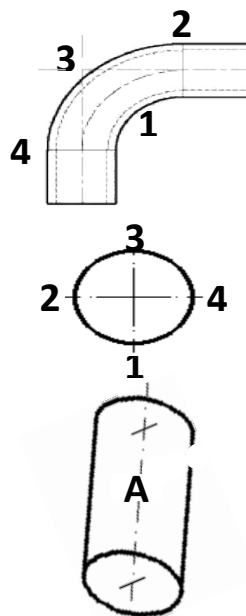
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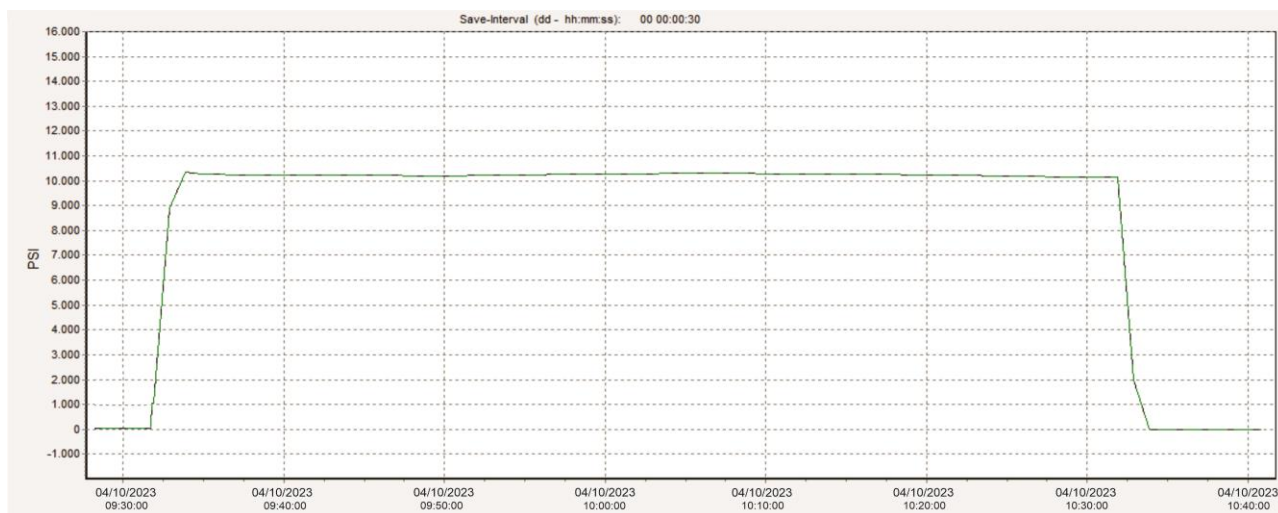
BASE GM END SRL

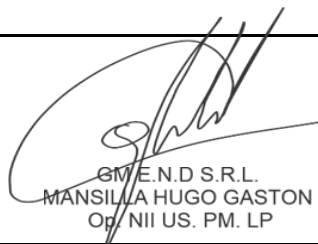
## MEDICIÓN DE ESPESORES POR ULTRASONIDO (EN mm)

|         | 1 | 2 | 3 | 4 |
|---------|---|---|---|---|
| PLANO A | - | - | - | - |
| PLANO B | - | - | - | - |
| PLANO C | - | - | - | - |
| PLANO D | - | - | - | - |
| PLANO E | - | - | - | - |
| PLANO F | - | - | - | - |
| PLANO G | - | - | - | - |
|         |   |   |   |   |
|         |   |   |   |   |
|         |   |   |   |   |
|         |   |   |   |   |



## REGISTRO ELECTRONICO PRUEBA HIDRAULICA



  
GM E.N.D. S.R.L.  
MANSILLA HUGO GASTON  
Op. NII US. PM. LP

FIRMA OPERADOR GM END S.R.L.

FIRMA CLIENTE - ACLARACIÓN

PRECINTO Nº

FECHA PUESTA EN VIGENCIA

FIRMA - ACLARACIÓN

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