

BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

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Bottomholeassurance.com



CUSTOMER Halliburton 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION Sperry Drilling
PROJECT _____

AUTHORIZED BY Kale Veronie
P.O. / JOB # 908431102

INVOICE NO. _____
DATE: 5/2/2024

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN												BOX												
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Lgth	Pin Rel. Width	Bevel Diameter	B S R	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgth	Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks		
SN: 13077880 PN: 99019	6 3/4" HOC	9.90			2 3/4	6 3/4	6 3/4	NC50	4 1/2						5/16	6 5/16		Rej	Damaged Shoulder	NC50	5/8	5 5/16							6 3/8		OK	
SN: 13172034 PN: 120141716	6 3/4" PM SUB	8.87			2 7/8	6 3/4	6 3/4	NC50	4 7/16						5/16	6 19/64		Rej	Damaged Shoulder	NC50	11/16	5 5/16							6 19/64		Rej	Damaged Threads

Remarks: Inspection as per DS1 & D00685901 Rev. W NOTE: All API connections show evidence of Cold Work unless otherwise noted.

Customer Rep Signoff: _____

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I	Blacklight Inspection	Liquid Penetrant Inspection	
20-B Dry Powder 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ Equipment Used From Unit # <u>14</u> Qual. Date(s) MT <u>7/21/2019</u> PT <u>7/30/2021</u>	Magnaflux Developer: SKD-S2 Batch # <u>23M08C</u> Dwell Time: _____ min White Light: _____ Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>23L075</u> Dwell Time: _____ min
System Effectiveness: LP-Comparitive Block <input checked="" type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>				Equipment / Inspector Information		
3rd Party Rep Woodfred Zechariah				Level II Inspector: <u>Ridge Albert</u>		
Signature: _____				Signature: <u>Ridge Albert</u>		
Job Information B _____ V _____ D _____ P _____				Signature guarantees final walk thru of job and job site		