

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 # 909198977

INVOICE NO. _____
DATE: 5/3/2024

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN							BOX							Remarks																					
								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: 11608023 PN: 101628953	8" ALD	5.83			N/A		7 15/16	6 5/8 REG	N/A						1/4	7 17/32			OK																								

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"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <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"/> Continuous <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/> Trans. Insp. <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"/> Continuous <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ Equipment / Inspector Information Equipment Used From Unit # <u>14</u> Qual. Date(s) MT <u>7/21/2019</u> PT <u>7/30/2021</u> Level II Inspector: <u>Ridge Albert</u> Signature: <u>Ridge Albert</u> <small>Signature guarantees final walk thru of job and job site</small>	Magnaflux Developer: SKD-S2 Batch # <u>23M08C</u> Dwell Time: _____ 10 min White Light: _____ 100+ Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>23L075</u> Dwell Time: _____ 20 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"/>				3rd Party Rep <u>Woodfred Zechariah</u> Signature: _____	
Job Information					
B _____ V _____ D _____ P _____					