



BOTTOM HOLE ASSURANCE, INC.

No. DIR 50324SB1

NDE Inspection Services

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Bottomholeassurance.com

CUSTOMER **SBES** 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION **SHOP** _____
PROJECT _____

AUTHORIZED BY **KEITH MECHE** _____
P.O. / JOB # **326544096** _____

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																	
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Rel. Width	Pin Neck Lgth	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#14119231 PN#SS.025407	9 1/2" X-OVER	1.52	FL	FL	3 1/2	9 1/2		7 5/8 REG	5 1/4						7/16	8 5/16		OK																	
MR54078																																			

Remarks: INSPECTED LIQUID PENETRANT AS PER: D00685901 REV. V CW

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I	Blacklight Inspection	Liquid Penetrant Inspection
20-B 22106A	Wet Flour. M.P.I. <input type="checkbox"/> Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____	Magnaflux Developer: SKD-S2
Dry Powder	Vis. Liq. Pen. <input checked="" type="checkbox"/> Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>	Equipment Used From Unit # 24	Batch # 23J06K
7-HF	Flour Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/>		Dwell Time: _____ min
White Contrast	Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>		White Light: _____ min
14-A	Trans. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>			Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D
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"/>				Qual. Date(s) MT _____ PT 10/20/2023	Batch # 23G05G
3rd Party Rep _____				Level II Inspector: KERI CHAMPEAUX	Dwell Time: _____ min
Job Information				Signature: <i>[Signature]</i>	
B _____ V _____ KC _____ D _____ KC _____ P _____ KC _____	Signature: _____			Signature guarantees final walk thru of job and job site	