

BOTTOM HOLE ASSURANCE, INC.

No. DIR 50324SB3



NDE Inspection Services

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

FACILITY / LOCATION SHOP
PROJECT _____

AUTHORIZED BY KEITH MECHE
P.O. / JOB # 326509387

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.	Connection Size	PIN										BOX						Remarks																	
									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#12118685 PN#SS.026250	9 1/2" PM SUB	5.05	FL	FL			9 7/16																						7 5/8 REG	5/8	7 1/16								851/64		OK	
MR54044																																										

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

Batch # Info. 20-B 22106A Dry Powder 7-HF White Contrast 14-A			Connection Inspection Wet Flour. M.P.I. <input type="checkbox"/> Dry M.P.I. <input type="checkbox"/> <input checked="" type="checkbox"/> Residual Vis. Liq. Pen. <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> <input type="checkbox"/> AC Current <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/>			Body Inspection Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> <input 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"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>			Body Dry M.P.I. Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/> <input type="checkbox"/> Residual <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/> <input type="checkbox"/> DC Current <input type="checkbox"/>			Blacklight Inspection Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ Equipment Used From Unit # 24 Qual. Date(s) MT _____ PT 10/20/2023			Liquid Penetrant Inspection Magnaflux Developer: SKD-S2 Batch # 23J06K Dwell Time: 10 min White Light: 200 Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # 23G05G Dwell Time: 15 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 Equipment Used From Unit # 24 Qual. Date(s) MT _____ PT 10/20/2023 Level II Inspector: KERI CHAMPEAUX Signature: <i>Keri Champeaux</i> Signature guarantees final walk thru of job and job site											
Job Information B _____ V _____ KC _____ D _____ KC _____ P _____ KC _____ 3rd Party Rep _____ Signature: _____																	