



BOTTOM HOLE ASSURANCE, INC.

No. DIR 50624CW-1

NDE Inspection Services

Email: BHAInc@bottomholeassurance.com
107 Citron Drive • Youngsville, LA 70592

Office: (337) 857-8994 Fax: (337) 857-8964
Bottomholeassurance.com

CUSTOMER HALLIBURTON ICC 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION CLEAN WELL
PROJECT BOE

AUTHORIZED BY TONY FREDERICK
P.O. / JOB # 909270298

INVOICE NO. _____
DATE: 5/6/2024

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 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						
13665970	DRILL TECH	6.42	20 7/16	15 3/8	33"	7"	7"	CTM-57	5.623.	5.843.							6.770.		Acc	CONN ONLY	CTM-57		5.916.						5.627.	0.522.	6.728.		Acc	CONN ONLY		

Remarks: CONNECTION INSP AS PER BSD-GL-HAL-CWT-201 Rev. 14 (CONNECTION INSPECTION ONLY) Customer Rep Signoff: _____

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I	Blacklight Inspection	Liquid Penetrant Inspection
20-B 23A106 Dry Powder	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>	Blacklight Intensity: <u>3351</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min
7-HF White Contrast	Flour Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> AC Current <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Equipment Used From Unit # <u>32</u> Qual. Date(s) MT <u>11/30/2021</u> PT _____	White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D
14-A	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/>	Trans. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>	Level II Inspector: <u>GAELEN ROBIN</u> Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>	Batch # _____ Dwell Time: _____ min
System Effectiveness: LP-Comparitive Block <input type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input checked="" type="checkbox"/>			3rd Party Rep _____ Signature: _____		
<div style="display: flex; justify-content: space-between;"> <div> <p>Job Information</p> <p>B DD V DD D P DD</p> </div> <div style="text-align: right;"> <p>APPROVED</p> </div> </div>					