

BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

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Bottomholeassurance.com



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

FACILITY / LOCATION **SHOP** _____
PROJECT _____

AUTHORIZED BY **KEITH** _____
P.O. / JOB # **326551459** _____


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																	
								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					
S/N 11467383 P/N N/A	8" X-OVER	1.61	FL	FL	3 1/4	8		6 5/8 REG	4 15/16						3/8	7 35/64		OK																	
	MR 54089																																		

Remarks: INSP. AS PER D00685901 REV. V MARKED WITH CW STAMP UNLESS OTHERWISE NOTED

Customer Rep Signoff: _____

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I
20-B	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"/>
Dry Powder	Vis. Liq. Pen. <input checked="" type="checkbox"/> Residual <input type="checkbox"/>	Vis. Liq. Pen. <input checked="" type="checkbox"/> Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>
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"/>
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"/>
14-A	Trans. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	
System Effectiveness: LP-Comparitive Block <input checked="" type="checkbox"/>		Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input type="checkbox"/>
3rd Party Rep: _____		Profile Gage RSC OK <input checked="" type="checkbox"/>	
Job Information			
B	V	TB	D TB P TB
Signature: _____			

Blacklight Inspection	Liquid Penetrant Inspection
Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____	Magnaflux Developer: SKD-S2
	Batch # 23F01C
	Dwell Time: <u>10</u> min
	White Light: <u>190 FC</u>
Equipment / Inspector Information	
Equipment Used From Unit # <u>25</u>	
Qual. Date(s) MT <u>5/6/2019</u> PT <u>1/27/2020</u>	Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D
Level II Inspector: <u>TANNER BLANCHARD</u>	Batch # <u>22B02C</u>
Signature: 	Dwell Time: <u>20</u> min
Signature guarantees final walk thru of job and job site	