



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

No. IR 50624TT-3

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 <input type="checkbox"/>	FACILITY / LOCATION TEST TOOLS	AUTHORIZED BY BOBBY CHOATE		INVOICE NO.	
RIG		OCS-G & WELL NO.		PROJECT IN HOUSE	P.O. NO. / JOB NO. 1017510022	DATE 5/6/2024	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1	EQ# 1025579	5" RD VALVE					
2	BAC20A414-1	TOP COUPLING - ACC		INT - ACC	3 7/8 CAS- ACC	2 1/4	5
3		SAP# 100066687					1.04
4	BAC1822818-1	LOWER ADAPTER - ACC		3 7/8 CAS- ACC	INT - ACC	2 1/4	5
5		SAP# 100066686					1.25
6	G3216530-03	RD CASE MOD - (LP) ACC		INT - ACC	INT - ACC		
7		SAP# 102030558					
8	B221498-1	SHEAR MANDREL - (LP) ACC					
9		SAP# 100066701					
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							

SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 6

Batch # Info.	Connection Inspection		Body Inspection			Body Dry M.P.I	
20-B 23K007	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" 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 checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	
7-HF	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" 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 checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>	
14-A	Trans. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>			

System Effectiveness: LP-Comparative Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>2815</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u> Qual. Date(s) MT <u>2/16/2023</u> PT <u>8/9/2023</u>
Liquid Penetrant Inspection Whitelight: <u>100.0</u> Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>19F16K</u> Batch # <u>19D07K</u> Dwell Time: <u>10</u> min Dwell Time: <u>20</u> min	3rd Party Rep: _____ Signature: _____ Level II Inspector: <u>BRONZE POIRIER</u> Signature: <u>Bobby Choate</u> <small>Signature guarantees full walk thru of job and job site</small>
Job Information B <u>BP</u> V <u>BP</u> D <u>BP</u> P <u>BP</u>	Customer Rep Signoff: _____

