

BOTTOM HOLE ASSURANCE, INC.

No. DIR 50724CW-1



NDE Inspection Services

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Bottomholeassurance.com

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

FACILITY / LOCATION CLEAN WELL
PROJECT SHELL

AUTHORIZED BY TONY FREDERICK
P.O. / JOB # 909076910

INVOICE NO. _____
DATE: 5/7/2024

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					
13291323	VALI TECH	13.00	14 11/16	15 3/4	3	7	7	CTM-57	5.623.	5.840.							6.732.		AC	C		CTM-57		5.930.										AC	C

Remarks: FULL BODY INSP AS PER BSD-GL-HAL-CWT-201 Rev. 14 Customer Rep Signoff: _____

Batch # Info.		Connection Inspection				Body Inspection				Body Dry M.P.I				Blacklight Inspection			Liquid Penetrant Inspection		
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"/>	Blacklight Intensity: <u>5543</u>	Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Magnaflex Developer: SKD-S2								
Dry Powder	7-HF	Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Equipment Used From Unit # <u>32</u>			Batch # _____								
White Contrast	14-A	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"/>	Qual. Date(s) <u>MT 11/30/2021</u> PT _____			Dwell Time: _____ min								
		Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>	Level II Inspector: <u>GAELEN ROBIN</u>			White Light: _____								
		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"/>		Visible M.P.I. <input type="checkbox"/>	Signature: _____			Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D								
System Effectiveness:		LP-Comparitive Block <input type="checkbox"/>	Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input checked="" type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>	Batch # _____			Signature: _____			Batch # _____							
		3rd Party Rep _____				Level II Inspector: _____			Signature: _____			Dwell Time: _____ min							
Job Information		Signature: _____				Signature: _____			Signature: _____			Dwell Time: _____ min							
B	DD	V	GR	D	P	DD													

