



BOTTOM HOLE ASSURANCE, INC.

No. DIR 50724CW-5

NDE Inspection Services

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Bottomholeassurance.com

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

FACILITY / LOCATION CLEAN WELL
PROJECT BOE

AUTHORIZED BY TONY FREDERICK
P.O. / JOB # 909085089

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							OK or Reject	Remarks							
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Lgth	Pin Rad. 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	
11967108	BULL NOSE	1.40					6 5/8											NC 50	11/16	5 5/16						6 1/2		AC	C	

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

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: 4633 Bath Mixture: 0.25 Whitelight: 0.1	Magnaflux Developer: SKD-S2
Dry Powder	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 # 32	Batch # _____
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"/>	Qual. Date(s) MT 11/30/2021 PT _____	Dwell Time: _____ min
White Contrast	Long. Insp. <input checked="" type="checkbox"/> AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Level II Inspector: GAELLEN ROBIN	White Light: _____
14-A	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Signature: <i>Gaelen Robin</i>	Magnaflux 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"/>	Signature: _____	Batch # _____
Job Information			3rd Party Rep _____	Signature: _____	Dwell Time: _____ min
B DD	V GR	D DD	P DD	Signature guarantees final walk thru of job and job site	