



B O T T O M H O L E A S S U R A N C E , I N C .

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR **60722TT-1**

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

Office: (337) 857-8994 Fax: (337) 857-8964

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 6/7/2022	
SERIAL NO.	DESCRIPTION		PIN		BOX		I.D.	O.D.	LENGTH	
1	EQ# 10315693	9 5/8" CHAMP IV PACKER								
2	AFR1120707-1	TOP COUPLING - ACC		INT (B) - ACC		NC 50 - ACC		3 3/4	6 5/8	1.38
3		SAP# 100064926								
4	3464183-2	HYD HOLD DOWN BODY - ACC		INT - ACC						
5		SAP# 100071767								
6	AFG1122638-2	LOWER BACKUP RING- ACC				INT - ACC				
7		SAP#101972894								
8	AHY1914050#1	UPPER MANDREL - ACC		INT x INT - ACC						
9		SAP# 100071781								
10	AKV139026-2	FLOATING PISTON - ACC								
11		SAP# 100004119								
12	BAC20A0849-1	UPPER SHOE - ACC		INT - ACC		INT - ACC				
13		SAP# 100071783								
14	C3518594-4	PACKER MANDREL - ACC		INT - ACC						
15		SAP# 100071784								
16	KM-19-38356-01	UPPER BODY - ACC		INT - ACC		INT - ACC				
17		SAP# 100071786								
18	KM-20-38660-14	PORTED HOUSING - ACC		INT - ACC						
19		SAP# 100071787								
20	KM-19-37986-02	BALANCING COUPLING - ACC				INT - ACC				
21		SAP# 100071788								
22	AHY147335-#4	BY-PASS SLEEVE - ACC								
23		SAP# 100071789								
24	AFQ1514391-7	CENTER MANDREL - ACC		INT x INT - ACC						
25		SAP# 100071790								
26	ALF-1605067-1	UPPER BACK UP RING - ACC				INT - ACC				
27		SAP# 101972893								
28	KM-14-30925-02	SPACER RING - ACC								
29		SAP# 10004059								
30	AN1607B712-63,80	HOLD DOWN STRAP - (4) ACC								
31	84,96	SAP# 100070341								
32	CK1345429-67	HYD SLIP BUTTON - (12) ACC								
33	CK1748079-4,16,44	SAP# 100004061								
34	4326241-2									
35	CK1446194-5,34									
36	CK1547039-57									
37	CK1142706-80									
38	CK1345613-161									
39	184,295'									
40										

SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 5

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	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 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"/>
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-Comparitive Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information	
Blacklight Intensity: <u>4911</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u>	Qual. Date(s) MT <u>7/21/2019</u> PT <u>9/21/2021</u>

Liquid Penetrant Inspection	
Whitelight: _____	3rd Party Rep: _____
Magnaflux Developer: SKD-S2	Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D
Batch # _____	Batch # _____
Dwell Time: _____ min	Dwell Time: _____ min

Job Information	Inspector
B _____ RA _____ V _____ RA _____ D _____ P _____ RA _____	Level II Inspector: RIDGE ALBERT
	Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>



BOTTOM HOLE ASSURANCE, INC.

*Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection*

No. IR **60722TT-2**

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Office: (337) 857-8994 Fax: (337) 857-8964

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 6/7/2022		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ# 10315693	9 5/8" CHAMP IV PACKER						
2	KM-12-20668-06	LOWER MANDREL - ACC			INT x INT - ACC			
3		SAP# 100070308						
4	3994786	DRAGBLOCK BODY - ACC						
5		SAP# 102725720						
6	B405219-2	LOWER PIN - ACC		NC 50 - ACC	INT (P) - ACC	3 3/4	6 5/8	1.07
7		SAP# 100012564						
8	B593841-1	ADAPTER - ACC		INT - ACC	INT - ACC			
9		SAP# 100071772						
10	B1625528-2	MECH SLIP BODY - ACC		INT - ACC				
11		SAP# 100071774						
12	C4064644-1	SPLIT RING COLLAR - ACC						
13		SAP# 100071775						
14	AN1871941-27,32	MECHANICAL SLIPS - ACC						
15	AN1874250-23	SAP# 100070271						
16	AN1440E37-1,31							
17	AN1416E37-35							
18	CK1647515-136,138	DRAGBLOCKS - ACC						
19	142,144,145,195	SAP# 102530303						
20	HT#40223570-135,							
21	170							
22	AN1607B712-63,80	STRAP - ACC						
23	84,96	SAP# 100070341						
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SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 5

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	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 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"/>
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-Comparitive Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>3655</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u> Qual. Date(s) MT <u>7/21/2019</u> PT <u>9/21/2021</u>
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: RIDGE ALBERT Signature: 
Job Information B _____ RA _____ V _____ RA _____ D _____ P _____ RA _____	Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>



BOTTOM HOLE ASSURANCE, INC.

No. DIR 60722TT-3

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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Office: (337) 857-8994 Fax: (337) 857-8964

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

FACILITY / LOCATION TEST TOOLS
PROJECT IN HOUSE

AUTHORIZED BY BOBBY CHOATE
P.O. / JOB # 1017510022

INVOICE NO. _____
DATE: 6/7/2022

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
EQ# 10315693	9 5/8 CHAMP PACKER																												
AFR1120707-1	TOP COUPLING SAP# 100064926	1.38	FL	-	3 3/4	-	6 5/8	INT (B)	-	-	-	-	-	-	Acc		NC 50	5/8	5 5/16	-	-	-	-	-	-	6 5/64	-	Acc	
B405219-2	LOWER PIN SAP# 100012564	1.07	FL	FL	3 3/4	6 5/8	6 5/8	NC 50	4 7/16	-	-	-	1/4	6 1/8	-	Acc		INT P	-	-	-	-	-	-	-	-	-	Acc	

Remarks: FULL BODY INSP. AS PER BSM-GOM-HAL-TT-201 REV. 5

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I.	Blacklight Inspection	Liquid Penetrant Inspection
20-B 20B065 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 checked="" type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>	Blacklight Intensity: <u>3614</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 checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/>	DC Current <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Equipment Used From Unit # <u>13</u> Qual. Date(s) MT <u>7/21/2019</u> PT <u>9/21/2021</u>	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 checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>	Level II Inspector: <u>RIDGE ALBERT</u>	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"/>				Signature: _____ Signature guarantees final walk thru of job and job site	
Job Information					
B _____ RA _____ V _____ RA _____ D _____ P _____ RA _____					
3rd Party Rep _____ Signature: _____					