



**BOTTOM HOLE ASSURANCE, INC.**

NDE Inspection Services

No. IR 10923TT-1

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CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION TEST TOOLS	AUTHORIZED BY SHAWN MALBREAUX		INVOICE NO.		
RIG		OCS-G & WELL NO.		PROJECT IN HOUSE	P.O. NO. / JOB NO. 1017510022	DATE 1/9/2023		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ# 12457746	9 5/8" CHAMP IV PACKER						
2	KM-22-22-0082-01	PORTED HOUSING - ACC		INT - ACC				
3		SAP# 102178855						
4	AHF2210046-#1	UPPER BODY-ACC						
5		SAP#102959221						
6	CK1244498-5,11,23,24	HYD STRAP-ACC						
7		SAP#101907421						
8	B0004493136-21,22,	HYD SLIP - ACC						
9	26,30,32	SAP# 100071759						
10	4668985							
11	CK1041343-28,40							
12	51							
13	B39048-002							
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SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 5 \*\*\*COMPONENTS ONLY\*\*\*

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-Comparative Block  Dry MP-Castrol Strip  Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>2364</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>
<b>Liquid Penetrant Inspection</b> Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: (Check one) <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: RIDGE ALBERT Signature:  Signature guarantees final walk thru of job and job site
<b>Job Information</b> B <u>RA</u> V <u>RA</u> D _____ P <u>RA</u>	Customer Rep Signoff: _____