

BOTTOM HOLE ASSURANCE, INC.

No. DIR 20823ST-1



NDE Inspection Services

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Bottomholeassurance.com

CUSTOMER <u>HALLIBURTON ICC</u> <input type="checkbox"/> 3RD PARTY	FACILITY / LOCATION <u>SERVICE TOOLS</u>	AUTHORIZED BY <u>DERRICK ROBIN</u>	INVOICE NO. _____
RIG _____	PROJECT <u>IN HOUSE</u>	P.O. / JOB # <u>1017510021</u>	DATE: <u>2/8/2023</u>
OCS-G & WELL _____			

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	Counter Bore Dia.	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# 12796200	9 5/8" DRAG BLOCK ASSY																																
G3662934-4	RETAINER RING SAP#102591929																																Acc
G3662934-15	RETAINER RING SAP#102591929																																Acc
G3662939-10	LOWER RETAINER SAP# 102593920																																Acc
SO 706009-04	Drag Block Sleeve SAP# 102591923																																Acc
G3662935-7	UPPER RETAINER SAP#102593926								INT	INT																							
ASU177741-205 CK1647515-84	DRAG BLOCK-Acc SAP# 102530303								*																								
CK1647289-57 ASU1674601-84	DRAG BLOCK-Acc SAP# 102530303								*																								
40223570-436,468,95 ,150	DRAG BLOCK-Acc SAP# 102530303								*																								

Remarks: FULL BODY INSP AS PER MAN-GL-HAL-HCT-900 REV. 5.1

Customer Rep Signoff: _____

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I.	Blacklight Inspection	Liquid Penetrant Inspection
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"/>	Blacklight Intensity: <u>4495</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	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 / Inspector Information Equipment Used From Unit # <u>23</u> Qual. Date(s) MT <u>4/26/2019</u> PT <u>4/26/2019</u>	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"/>		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 checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		White Light: _____
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"/>	Visible M.P.I. <input type="checkbox"/>		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"/>					
Job Information			3rd Party Rep		
B _____ BT _____ V _____ BT _____ D _____ P _____ BT _____			Signature: <i>Kelvin Hamm</i>		
			Signature: <i>Derrick Robin</i>		

Signature guarantees final walk thru of job and job site