

BOTTOM HOLE ASSURANCE, INC.

No. DIR 21623B1



NDE Inspection Services

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Bottomholeassurance.com

CUSTOMER Halliburton 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION Sperry Drilling
PROJECT _____

AUTHORIZED BY Eddie Fauchaux
P.O. / JOB # 907556334

INVOICE NO. _____
DATE: 2/16/2023

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				
SN: 12076328 PN: 102095183	9 1/2" DRILLDOC	7.01			N/A	9 1/2																7 5/8 REG	5/8	7 1/16								8 13/16	OK		
						9 1/2																7 5/8 REG	21/32	7 1/16							8 25/32	OK			
SN: 12656224 PN: 120162427	9 1/2" PM SUB	8.65			3 1/2	9 1/2		7 5/8 REG	5 1/4					5/16	8 13/16							7 5/8 REG	5/8	7 1/16							8 13/16	OK			
SN: 13562760 PN: 102654602	9 1/2" ILS SUB	4.88	19 1/2	11 3/4	3 1/2	9 3/16	9 9/16	7 5/8 REG	5 3/16					5/16	8 13/16							7 5/8 REG	43/64	7 1/16							8 13/16	OK			
SN: 13673806 PN: 120161724	9 1/2" X-OVER	2.03	FL	FL	3 1/2	9 1/2		ACME														OK													
SN: 12198644 PN: 101340830	16.375" SLEEVE STABILIZER					9 1/2		7 5/8 REG	5 3/16					3/8	8 13/16							OK													
								7 5/8 REG	5 3/16					3/8	8 13/16							OK													
								Blades														OK													OK

Remarks: Inspection as per D00685901 Rev. U NOTE: All API connections show evidence of Cold Work unless otherwise noted. (*N1- Transition area Insp-ok)

Customer Rep Signoff: _____

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I	Blacklight Inspection	Liquid Penetrant Inspection	
20-B Dry Powder 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____	Magnaflux Developer: SKD-S2 Batch # <u>22C08C</u> Dwell Time: <u>10</u> min White Light: <u>100+</u> Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>22F023</u> Dwell Time: <u>20</u> min
System Effectiveness: LP-Comparative Block <input checked="" type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>				Equipment / Inspector Information		
3rd Party Rep _____				Equipment Used From Unit # <u>14</u>		
Job Information B _____ V _____ D _____ P _____				Qual. Date(s) MT <u>7/21/2019</u> PT <u>7/30/2021</u>		
Signature: _____				Level II Inspector: <u>Ridge Albert</u> Signature: <u>Ridge Albert</u> <small>Signature guarantees final walk thru of job and job site</small>		