



BOTTOM HOLE ASSURANCE, INC.

No. DIR 91823ST-5

NDE Inspection Services

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

Office: (337) 857-8994 Fax: (337) 857-8964
Bottomholeassurance.com

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

FACILITY / LOCATION **SERVICE TOOLS**
PROJECT **SHELL**

AUTHORIZED BY **DERRICK ROBIN**
P.O. / JOB # **908812858**

INVOICE NO. _____
DATE: **9/18/2023**

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN							BOX																					
								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# 10255881	11 3/4" RTTS PACKER																																			
AFJ122820-6	Lower Pin SAP#100012564	0.91	-	10 9/16	3 3/4	6 5/8	6 5/8	NC 50	4 7/16					5/16	6 5/64	-	Acc	RE-INSP																		

Remarks: CONNECTION INSP AS PER MAN-GL-HAL-HCT-900 REV. 6 (MACHINE SHOP CONNECTION INSPECTION ONLY) Customer Rep Signoff: _____

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I.	Blacklight Inspection	Liquid Penetrant Inspection
20-B 23A106 Dry Powder 7-HF White Contrast 14-A	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"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <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"/> Continuous <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: <u>2442</u> Bath Mixture: <u>0.25</u> Whilelight: <u>0.1</u>	Magnaflux Developer: SKD-S2 Batch # _____ min Dwell Time: _____ min White Light: (Check one) <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ min 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"/> Profile Gage RSC OK <input checked="" type="checkbox"/>				Equipment / Inspector Information	
3rd Party Rep _____				Equipment Used From Unit # <u>23</u>	
Job Information				Qual. Date(s) MT <u>4/26/2019</u> PT <u>4/26/2019</u>	
B _____ BT _____ V _____ BT _____ D _____ P _____ BT _____				Level II Inspector: BRANSON THERIOT	
Signature: <i>[Signature]</i> HB 7807				Signature: <i>[Signature]</i> <small>Signature guarantees final walk thru of job and job site</small>	

By david.patin@bottomholeassurance.com at 12:15:24 PM, 9/20/2023