



BOTTOM HOLE ASSURANCE, INC.

No. DIR 91823ST-8

NDE Inspection Services

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Bottomholeassurance.com

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

FACILITY / LOCATION **SERVICE TOOLS**
PROJECT **IN HOUSE**

AUTHORIZED BY **DERRICK ROBIN**
P.O. / JOB # **1017510021**

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 Lgh	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 Lgh / Float Bore Lgh	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks	
EQ# 12688844	8 1/2" BALL CATHCER																													
SO 313005-18	UPPER ADAPTER SAP# 101007520	0.95	-	-	3 15/16	-	8 1/2																				7 23/32	Acc	RE-INSP	
SO 313005-24	LOWER ADAPTER SAP# 101007569	0.96	-	-	5	8 1/2	-	6 5/8 FH	4 15/16					9/16	7 13/16				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	Wet Flour. M.P.I.	<input checked="" type="checkbox"/>	Dry M.P.I.	<input type="checkbox"/>	Wet Flour. M.P.I.	<input type="checkbox"/>	Residual	<input type="checkbox"/>	Dry M.P.I.	<input type="checkbox"/>	Residual	<input type="checkbox"/>	Blacklight Intensity: <u>5656</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 type="checkbox"/>	Long. Insp.	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Equipment / Inspector Information			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"/>	Equipment Used From Unit # <u>23</u>			Dwell Time: _____ min
White Contrast		Long. Insp.	<input checked="" type="checkbox"/>	DC Current	<input type="checkbox"/>	Long. Insp.	<input type="checkbox"/>	DC Current	<input type="checkbox"/>	DC Current	<input type="checkbox"/>	DC Current	<input type="checkbox"/>	Qual. Date(s) MT <u>4/26/2019</u> PT <u>4/26/2019</u>			White Light: _____
14-A		Trans. Insp.	<input checked="" type="checkbox"/>	DC Current	<input checked="" type="checkbox"/>	Trans. Insp.	<input type="checkbox"/>	Visible M.P.I.	<input type="checkbox"/>							Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one)	
System Effectiveness:		LP-Comparative 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"/>									<input type="checkbox"/> ZL-60D
		3rd Party Rep _____												Level II Inspector: BRANSON THERIOT		Batch # _____	
		Signature: _____ HB 71807												Signature: _____		Dwell Time: _____ min	

Job Information
B _____ BT _____ V _____ BT _____ D _____ P _____ BT _____
Signature: _____

By david.patin@bottomholeassurance.com at 12:15:26 PM, 9/20/2023