



BOTTOM HOLE ASSURANCE, INC.

No. DIR 91823ST-9

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 **LLOG**

AUTHORIZED BY **DERRICK ROBIN**
P.O. / JOB # **907675506**

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

| Serial # | Tool Description | PIN | | | | | | | | | | | BOX | | | | | | | | | | | | | | | | | | | | | | |
|--------------|------------------------------|----------------|---------------------|------------|----------|----------|----------|-----------------|------------|-----------------------|-------------------|---------------------|----------------|---------------|----------------|-------|--------------|----------|-----------------|---------------------|-----------------------|--------------------------------|----------------|-----------------|-------------------|----------------------------|----------------|-------|--------------|---------|--|--|--|--|--|
| | | Overall Length | Fishing Neck Length | Tong Space | Pin I.D. | Pin O.D. | Box O.D. | 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# 12343441 | 8 1/2" BALL CATHCER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G3108829 | UPPER ADAPTER SAP# 101007520 | 0.92 | - | - | 3 15/16 | - | 8 1/2 | | | | | | | | | | | 6 5/8 FH | 5/8 | 6 13/16 | | | | | | 7 23/32 | | Acc | RE-INSP | | | | | | |
| G3108831 | LOWER ADAPTER SAP# 101007569 | 0.93 | - | - | 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 Dry Powder | 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>4149</u> | Bath Mixture: <u>0.25</u> | Whitelight: <u>0.1</u> | Magnaflux Developer: SKD-S2 | Batch # _____ | Dwell Time: _____ min | | | | | | |
| 7-HF White Contrast | | 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 Used From Unit # <u>23</u> | Qual. Date(s) <u>MT 4/26/2019</u> | PT <u>4/26/2019</u> | White Light: _____ | Batch # _____ | Dwell Time: _____ min | | | | | | |
| 14-A | | 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 / Inspector Information | | | | Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 | (Check one) <input type="checkbox"/> ZL-60D | | | | | | |
| 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"/> | | Long. Insp. <input checked="" type="checkbox"/> | | | | AC Current <input type="checkbox"/> | Long. Insp. <input type="checkbox"/> | DC Current <input type="checkbox"/> | Level II Inspector: BRANSON THERIOT | | | | Batch # _____ | | Dwell Time: _____ min | | | | |
| | | Trans. Insp. <input checked="" type="checkbox"/> | | | | DC Current <input checked="" type="checkbox"/> | Trans. Insp. <input type="checkbox"/> | Visible M.P.I. <input type="checkbox"/> | Signature: | | | | Signature guarantees final walk thru of job and job site | | | | | | |
| Job Information | | | | | | | | | | | | | | | | | | | |
| B _____ | BT _____ | V _____ | BT _____ | D _____ | P _____ | 3rd Party Rep _____ Signature: | | | | | | | | | | | | | |

By david.patin@bottomholeassurance.com at 12:15:27 PM, 9/20/2023