



BOTTOM HOLE ASSURANCE, INC.

No. DIR 92023B5

NDE Inspection Services

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Bottomholeassurance.com

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

FACILITY / LOCATION Sperry Drilling
 PROJECT _____

AUTHORIZED BY Kale Veronie
 P.O. / JOB # 908510249

INVOICE NO. _____
 DATE: 9/20/2023

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	BSR	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	BSR	OK or Reject	Remarks	
SN: 11156462 PN: 120141108	8" PM SUB	7.50			3 1/4	8	7 15/16												6 5/8 REG	11/16	6 1/16					7 35/64		OK		
																			6 5/8 REG	11/16	6 1/16					7 31/64		OK		
SN: 11467383 PN: 120165327	8" X-OVER	1.65			3 1/4	8		6 5/8 REG	4 15/16					5/16	7 9/16															
						8		6 5/8 REG	5					5/16	7 9/16															

Remarks: Inspection as per D00685901 Rev. U NOTE: All API connections show evidence of Cold Work unless otherwise noted. Customer Rep Signoff: _____

Batch # Info.	Connection Inspection Wet Flour. M.P.I. <input type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> 7-HF Flour Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> White Contrast Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> 14-A Trans. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	Body Inspection Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Continuous <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"/>	Body Dry M.P.I. Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Inspection Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ Equipment / Inspector Information Equipment Used From Unit # <u>14</u> Qual. Date(s) MT <u>7/21/2019</u> PT <u>7/30/2021</u> Level II Inspector: <u>Ridge Albert</u> Signature: <u>Ridge Albert</u> <small>Signature guarantees final walk thru of job and job site</small>	Liquid Penetrant Inspection Magnaflox Developer: SKD-S2 Batch # <u>23B04C</u> Dwell Time: <u>10</u> min White Light: <u>100+</u> Magnaflox Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>23C092</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"/>				3rd Party Rep: _____ Signature: _____	
Job Information B _____ V _____ D _____ P _____					