



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

No. IR 92123SB1

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

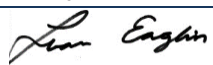
Office: (337) 857-8994 Fax: (337) 857-8964
Bottomholeassurance.com

CUSTOMER SBES		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION SHOP	AUTHORIZED BY ALDREN MAYEA		INVOICE NO.			
RIG		OCS-G & WELL NO.		PROJECT	P.O. NO. / JOB NO. WO#325551674	DATE 9/21/2023			
SERIAL NO.	DESCRIPTION			PIN	BOX	I.D.	O.D.	LENGTH	
1	12722605	18" STABILIZER SLEEVE (BLADES ONLY)-OK							
2	PN# 293743								
3									
4									
5		RS6131							
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

SUMMARY: D00685901 REV.V

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B	Wet Flour. M.P.I. <input 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"/>
Dry Powder	Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>
7-HF	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>
White Contrast	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>		DC Current <input type="checkbox"/>
14-A	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		

System Effectiveness: LP-Comparitive Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____	Equipment Used From Unit # <u>38</u> Qual. Date(s) MT _____ PT <u>2/1/2021</u>
Liquid Penetrant Inspection Whitelight: <u>150FC</u> Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>22F03C</u> Batch # <u>22B06C</u> Dwell Time: <u>10</u> min Dwell Time: <u>20</u> min	3rd Party Rep: _____ Signature: _____ Level II Inspector: <u>LEVAR EAGLIN</u> Signature:  Signature guarantees final walk thru of job and job site
Job Information B _____ V _____ D _____ LE _____ P _____ SD _____	Customer Rep Signoff: _____