

**BOTTOM HOLE ASSURANCE, INC.**

NDE Inspection Services

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Bottomholeassurance.com



CUSTOMER **S.B.E.S**  3RD PARTY  
RIG \_\_\_\_\_  
OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION Shop \_\_\_\_\_  
PROJECT **Halliburton Sperry** \_\_\_\_\_

AUTHORIZED BY **Kale Veronie** \_\_\_\_\_  
P.O. / JOB # **WO#326466787** \_\_\_\_\_

INVOICE NO. \_\_\_\_\_  
DATE: **4/15/2024** \_\_\_\_\_

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	Connection Size	PIN										Remarks	BOX										Remarks
									Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Lgth	Pin Rel. Width	Bevel Diameter	B S R	OK or Reject	Connection Size		Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Flout Bore Dia.	Bore Back Lgth	Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	
S/N 12518104 P/N N/A	6 3/4 CTN	6.62	40 11/16				6 3/4											NC50	5/8	5 5/16							6 19/64		OK	N1
	MR54011/1																													

Remarks: INSP AS PER D00658901 REV. V N1: VISUAL AND DIMENSIONAL OF REFACE CONNECTION ONLY

Customer Rep Signoff: \_\_\_\_\_

Batch # Info.				Connection Inspection				Body Inspection				Body Dry M.P.I				Blacklight Inspection				Liquid Penetrant Inspection				
20-B Dry Powder 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input checked="" type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	DC Current <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"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____	Magnaflux Developer: SKD-S2 Batch # 23D07C	Dwell Time: _____ min	White Light: _____ min	Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D	Batch # 22B02C	Dwell Time: _____ min
System Effectiveness: LP-Comparitive 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"/>																Equipment / Inspector Information								
																Equipment Used From Unit # 29				Qual. Date(s) MT _____ PT 12/1/2023				
3rd Party Rep _____																Level II Inspector: <b>KELTON ALFRED</b>				Signature: _____ Signature guarantees final walk thru of job and job site				
<b>Job Information</b>																								
B _____ V <u>KA</u> D <u>KA</u> P <u>KA</u>																								