



**BOTTOM HOLE ASSURANCE, INC.**

NDE Inspection Services

No. IR 41624TT-1

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 <input type="checkbox"/>	FACILITY / LOCATION TEST TOOLS	AUTHORIZED BY BOBBY CHOATE		INVOICE NO.		
RIG		OCS-G & WELL NO.		PROJECT IN HOUSE	P.O. NO. / JOB NO. 1017510022	DATE 4/16/2024		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ# 10255374	8 5/8" - 13 3/8" RTTS SAFETY JOINT						
2	G3536856-2	TOP COUPLNG - ACC			5 1/4 CAS x INT - ACC	3 3/4	6 1/8	0.95
3		SAP# 100070255						
4	C4079822-4	MANDREL - ACC		INT x INT - ACC				
5		SAP# 100070268						
6	B2088144-3	NUT - ACC		INT - ACC				
7		SAP# 100070269						
8	B1636548-2	CASE - ACC			INT x INT - ACC			
9		SAP# 100070251						
10	AHY147031A-2	CONNECTOR - ACC		INT x INT - ACC				
11		SAP# 100070252						
12								
13								
14	AHY25245831-1	LOWER ADAPTER - ACC		NC 50 - ACC	INT - ACC	3 3/4	6 1/8	1.04
15		SAP#100070247						
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: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 6

Batch # Info.	Connection Inspection		Body Inspection				Body Dry M.P.I	
20-B 23K007	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Residual <input type="checkbox"/>
Dry Powder	Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>
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"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>
White Contrast	Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	DC Current <input type="checkbox"/>		
14-A	Trans. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>				

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

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>4976</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u> Qual. Date(s) MT <u>2/16/2023</u> PT <u>8/9/2023</u>
<b>Liquid Penetrant Inspection</b> Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: BRONZE POIRIER Signature: <u>Bobby Choate</u> <small>Signature guarantees final walk thru of job and job site</small>
<b>Job Information</b> B _____ BP _____ V _____ BP _____ D _____ P _____ BP _____	Customer Rep Signoff: _____





# BOTTOM HOLE ASSURANCE, INC.

No. DIR 41624TT-2

NDE Inspection Services

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

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

CUSTOMER <u>HALLIBURTON ICC</u>	<input type="checkbox"/> 3RD PARTY	FACILITY / LOCATION <u>TEST TOOLS</u>	AUTHORIZED BY <u>BOBBY CHOATE</u>	INVOICE NO. _____
RIG _____		PROJECT <u>IN HOUSE</u>	P.O. / JOB # <u>1017510022</u>	DATE: <u>4/16/2024</u>
OCS-G & WELL _____				

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN							Remarks	BOX							Remarks															
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Rel. Width / Pin Neck Length	Bevel Diameter		B S R	OK or Reject	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. / Flat Bore Dia.	Bore Back Lgh / Flat Bore Lgh		Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject										
EQ# 10255374	8 5/8 - 13 3/8 RTTS SAFETY JOINT																																					
AHY25245831-1	LOWER ADAPTER SAP# 100070247	1.04	-	-	3 3/4	6 1/8	-	NC 50	4 7/16	-	-	-	1/4	6 1/16	-	Acc	INT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Acc	

Remarks: FULL BODY INSP. AS PER BSM-GOM-HAL-TT-201 REV.6							Customer Rep Signoff: _____						
Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I		Blacklight Inspection			Liquid Penetrant Inspection			
20-B    23K007 Dry Powder	Wet Flour, M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour, M.P.I. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Blacklight Intensity: 2819    Bath Mixture: 0.25    Whitelight: 0.1			Magnaflox Developer: SKD-S2			
7-HF	Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Equipment / Inspector Information			Batch # _____			
White Contrast	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 # 13			Dwell Time: _____ min			
14-A	Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	DC Current <input type="checkbox"/>	Qual. Date(s) MT 2/16/2023 PT 8/9/2023			White Light: _____			
System Effectiveness:	LP-Comparitive 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"/>	Level II Inspector: BRONZE POIRIER							Magnaflox Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D	
<b>Job Information</b>				3rd Party Rep _____				Signature: <i>Bobby Choate</i>				Batch # _____	
B _____	BP _____	V _____	BP _____	D _____	P _____	BP _____	Signature: _____				Dwell Time: _____ min		