



# BOTTOM HOLE ASSURANCE, INC.

No. DIR 41624TT-3

NDE Inspection Services

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**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										BOX										Remarks			
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Width	Pin Neck Lgth	Bevel Diameter	B S R	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	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
14131289	X-OVER	1.62	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	-	Acc	-	NC 38	11/16	4 1/16	-	-	-	-	-	4 7/8	-	AC C	-
14131290	X-OVER	1.62	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	-	Acc	-	NC 38	11/16	4 1/16	-	-	-	-	-	4 7/8	-	AC C	-
12763638	X-OVER	1.59	FL	FL	2 1/4	5	5	NC 38	3 15/16	-	-	-	5/16	4 7/8	-	-	Acc	-	3 7/8 CAS	-	-	-	-	-	-	-	-	-	-	Acc	-
12746933	X-OVER	1.37	FL	FL	2 1/4	5	5	3 7/8 CAS									Acc	-	NC 38	11/16	4 1/16						4 55/64	-	AC C	-	
12759944	X-OVER	0.93	FL	FL	2 1/4	5	5	NC 38	4	-	-	-	5/16	4 7/8	-	-	AC C	-	3 7/8 CAS	-	-	-	-	-	-	-	-	-	-	AC C	-
14131293	X-OVER	1.62	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	AC C	-	NC 38	5/8	4 1/16	-	-	-	-	-	4 7/8	-	AC C	-	
12746935	X-OVER	1.45	FL	FL	2 1/4	5	5	NC 38	3 15/16	-	-	-	5/16	4 7/8	-	-	Acc	-	3 7/8 CAS	-	-	-	-	-	-	-	-	-	-	Acc	-
12793367	X-OVER	1.41	FL	FL	2 1/4	5	5	NC 38	3 15/16	-	-	-	5/16	4 7/8	-	-	Acc	-	3 7/8 CAS	-	-	-	-	-	-	-	-	-	-	Acc	-
12767711	X-OVER	1.31	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	AC C	-	NC 38	5/8	4 1/16	-	-	-	-	-	4 7/8	-	RE J	PITTED THREADS	
14131294	X-OVER	1.62	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	AC C	-	NC 38	5/8	4 1/16	-	-	-	-	-	4 7/8	-	AC C	-	
13260162	5" GAUGE CARRIER	4.34	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	Acc	-	3 7/8 CAS	-	-	-	-	-	-	-	-	-	-	Acc	-

Remarks: FULL BODY INSP. AS PER BSM-GOM-HAL-TT-201 REV.6 Customer Rep Signoff: \_\_\_\_\_

Batch # Info.	20-B 23K007	Connection Inspection	Body Inspection	Body Dry M.P.I	Blacklight Inspection	Liquid Penetrant Inspection
Dry Powder	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/>	Blacklight Intensity: 3251 Bath Mixture: 0.25 Whitelight: 0.1	Magnaflux Developer: SKD-S2
7-HF	Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Equipment / Inspector Information	Batch # _____
White Contrast	Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/>	Equipment Used From Unit # 13	Dwell Time: _____ min
14-A	Long. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Qual. Date(s) MT 2/16/2023 PT 8/9/2023	White Light: _____
System Effectiveness:	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>	Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D
	LP-Comparative Block <input type="checkbox"/>	Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input checked="" type="checkbox"/>	Wet MP-Castrol Strip <input checked="" type="checkbox"/>	3rd Party Rep _____	Batch # _____
					Signature: _____	Dwell Time: _____ min
Job Information						
B	BP	V	BP	D	P	BP

Signature: David Patin  
Signature guarantees final walk thru of job and job site