

# BOTTOM HOLE ASSURANCE, INC.

No. DIR 41724TT-1

NDE Inspection Services

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  
RIG \_\_\_\_\_  
OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION TEST TOOLS  
PROJECT IN HOUSE

AUTHORIZED BY BOBBY CHOATE  
P.O. / JOB # 1017510022

INVOICE NO. \_\_\_\_\_  
DATE: 4/17/2024

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	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	
12850227	X-OVER	1.06	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	-	AC C	-	NC 38	11/16	4 1/16	-	-	-	-	-	4 7/8	-	AC C	-
12816423	XOVER	1.29	FL	FL	2 1/4	5	5	NC 38	4	-	-	-	5/16	4 7/8	-	-	-	AC C	-	3 7/8 CAS	-	-	-	-	-	-	-	-	-	AC C	-
14131285	X-OVER	1.63	FL	FL	2 1/4	5	5	NC 38	3 15/16	-	-	-	MOD	4 7/8	-	-	-	Acc	-	3 7/8 CAS	-	-	-	-	-	-	-	-	Acc	-	
14131282	X-OVER	1.68	FL	FL	2 1/4	5	5	NC 38	3 15/16	-	-	-	MOD	4 7/8	-	-	-	AC C	-	3 7/8 CAS	-	-	-	-	-	-	-	-	AC C	-	
12780250	X-OVER	1.21	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	-	Acc	-	NC 38	11/16	4 1/16	-	-	-	-	4 7/8	-	Acc	-	
13008738	X-OVER	1.42	FL	FL	2 1/4	5	5	NC 38	3 15/16	-	-	-	5/16	4 27/32	-	-	-	AC C	-	3 7/8 CAS	-	-	-	-	-	-	-	-	AC C	-	
12850228	X-OVER	1.47	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	-	AC C	-	NC 38	11/16	4 1/16	-	-	-	-	4 7/8	-	AC C	-	
12850236	X-OVER	1.55	FL	FL	2 1/4	4 3/4	5	NC 38	4	-	-	-	5/16	4 11/16	-	-	-	AC C	-	3 7/8 CAS	-	-	-	-	-	-	-	-	AC C	-	
12870662	X-OVER	1.24	FL	FL	2 1/4	5	5	3 7/8 CAS	-	-	-	-	-	-	-	-	-	AC C	-	NC 38	5/8	4 1/8	-	-	-	-	4 7/8	-	AC C	-	
617-1079	X-OVER	2.09	FL	FL	2 1/4	5	7	3 7/8 CAS	-	-	-	-	-	-	-	-	-	AC C	-	CTM 57	-	5.936	-	-	5.630	.536	6.734	-	Acc	-	
617-1107	X-OVER	1.77	8 1/2	11 7/16	2 1/4	5	7	3 7/8 CAS	-	-	-	-	-	-	-	-	-	Acc	-	CTM 57	-	5.918	-	-	5.625	-	6.727	-	Acc	-	
617-1104	X-OVER	2.33	15	13	2 1/4	5	7	3 7/8 CAS	-	-	-	-	-	-	-	-	-	Acc	-	CTM 57	-	5.924	-	-	5.625	.550	6.754	-	RE J	PITTED THREADS	
617-1077	X-OVER	1.35	14	12 7/8	2 1/4	5	7	3 7/8 CAS	-	-	-	-	-	-	-	-	-	Acc	-	CTM 57	-	5.929	-	-	5.630	.537	6.745	-	RE J	DAMAGE SEAL	

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	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: <u>5363</u>	Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Magnaflux Developer: SKD-S2	
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"/>	Equipment / Inspector Information			Batch # _____	
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"/>				Equipment Used From Unit # <u>13</u>	
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"/>		DC Current <input type="checkbox"/>	Qual. Date(s) <u>MT 2/16/2023</u> <u>PT 8/9/2023</u>			White Light: _____	
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"/>			Level II Inspector: <u>BRONZE POIRIER</u>			Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2	
System Effectiveness:		LP-Comparative 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"/>	3rd Party Rep _____		Signature: <u>Booby Choate</u> <small>Signature guarantees final walk thru of job and job site</small>			(Check one) <input type="checkbox"/> ZL-60D	
Job Information		B _____ BP _____ V _____ BP _____ D _____ P _____ BP _____				Signature: _____					APPROVED	
											Dwell Time: _____ min	

By david.patin@bottomholeassurance.com at 8:45:13 AM, 4/18/2024