



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

No. IR 41724TT-2

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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 4/17/2024		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ# 10254424	5" IPO						
2	BAC1870820-1	CIRCULATING HOUSING - ACC		INT -ACC	3 7/8 CAS -ACC	2 1/4	5	0.99
3		SAP# 100065565						
4	BAS2078	SHEAR MANDREL - ACC						
5		SAP# 100065559						
6	BAC1969847-2	LOWER NIPPLE - ACC		3 7/8 CAS -ACC		2 1/4	5	0.67
7		SAP# 100065567						
8	B3388479-01	COVER - ACC		INT -ACC	INT -ACC			
9		SAP# 100065561						
10	AKV1510962-3	LOCK RING - ACC						
11		SAP# 100065560						
12	BAS2078	SHEAR SLEEVE-ACC						
13		SAP#100065564						
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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"/>		
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"/>		
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"/>		
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"/>		
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: 3926 Bath Mixture: 0.25 Whitelight: 0.1	Equipment Used From Unit # 13 Qual. Date(s) MT 2/16/2023 PT 8/9/2023
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: (Check one) <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: BRONZE POIRIER Signature:  <small>Signature guarantees final walk thru of job and job site</small>
Job Information B _____ BP _____ V _____ BP _____ D _____ P _____ BP _____	Customer Rep Signoff: _____

