



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

No. IR 41724TT-3

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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# 10254421	5" FAS FIL						
2	3554855-3	ADAPTER - ACC			3 7/8" CAS - ACC	2 1/4	5	0.68
3		SAP# 100065595						
4	AHY2014228-#1	SHEAR CASE - ACC			INT x INT - ACC			
5		SAP# 101236683						
6	BAS1908-02	SEALING MANDREL - ACC		INT - ACC				
7		SAP# 100065585						
8	KM-19-38212-01	OUTTER SHEAR SET SLEEVE - ACC						
9		SAP# 100065593						
10	1728519	SHEAR PIN COVER - ACC						
11		SAP# 100065783						
12	BAC20A1027-13	PRESSURE HOUSING - ACC		INT - ACC	INT - ACC			
13		SAP# 100065594						
14	BAC198634-3	NIPPLE - ACC		3 7/8" CAS - ACC		2 3/4	5"	0.96
15		SAP# 101211418						
16	AHY2115427-#1	LOCKING DOGS-ACC						
17		SAP#100065588						
18	BAC1856386-1	SHEAR MANDREL-ACC		INT - ACC				
19		SAP# 100065590						
20	KM-19-38211-01	INNER SHEAR SET SLEEVE-ACC						
21		SAP# 100065592						
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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"/>	Long. Insp. <input type="checkbox"/>	Residual <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"/>	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"/>	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 checked="" type="checkbox"/>	DC Current <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>2443</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>
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D (Check one) 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 <u> </u> BP <u> </u> V <u> </u> BP <u> </u> D <u> </u> P <u> </u> BP <u> </u>	Customer Rep Signoff: _____

