



BOTTOM HOLE ASSURANCE, INC.

No. DIR 42224CW-1

NDE Inspection Services

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CUSTOMER HALLIBURTON ICC 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION CLEAN WELL
PROJECT CHEVRON

AUTHORIZED BY TONY FREDERICK
P.O. / JOB # 909162489

INVOICE NO. _____
DATE: 4/22/2024

| 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 Rel. Width | Pin Neck Lgth | Bevel Diameter | B S R | OK or Reject | Remarks | Connection Size | Counter Bore Length | 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 | | |
| 13479236 | DRILL TECH | 6.34 | 22 1/16 | 20 3/16 | 3" | 6 3/4 | 6 3/4 | CTM-57 | 5.622. | 5.838. | | | | | | | 6.722. | | Acc | RE-INSP | CTM-57 | | 5.935. | | | 5.628. | 0.405. | 6.728. | | Acc | RE-INSP | |
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Remarks: CONNECTION INSP AS PER BSD-GL-HAL-CWT-201 Rev. 14 (MACHINE SHOP CONNECTION INSPECTION ONLY) Customer Rep Signoff: _____

| Batch # Info. | | Connection Inspection | | Body Inspection | | Body Dry M.P.I | | Blacklight Inspection | | | Liquid Penetrant Inspection | | | |
|-----------------------|--------|---|--|--|---|---|--|---|---------------------------|------------------------|--|-----------------------|-----------------|--|
| 20-B | 23A106 | Wet Flour. M.P.I. <input checked="" type="checkbox"/> | Dry M.P.I. <input type="checkbox"/> | Wet Flour. M.P.I. <input type="checkbox"/> | Residual <input type="checkbox"/> | Dry M.P.I. <input type="checkbox"/> | Residual <input type="checkbox"/> | Blacklight Intensity: <u>2122</u> | Bath Mixture: <u>0.25</u> | Whitelight: <u>0.1</u> | Magnaflex Developer: SKD-S2 | | | |
| Dry Powder | | Vis. Liq. Pen. <input type="checkbox"/> | Residual <input type="checkbox"/> | Vis. Liq. Pen. <input type="checkbox"/> | Continuous <input type="checkbox"/> | Long. Insp. <input type="checkbox"/> | Continuous <input type="checkbox"/> | Equipment Used From Unit # <u>32</u> | | | 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"/> | Qual. Date(s) MT <u>11/30/2021</u> PT _____ | | | Dwell Time: _____ min | | | |
| White Contrast | | Long. Insp. <input checked="" type="checkbox"/> | AC Current <input type="checkbox"/> | Long. Insp. <input type="checkbox"/> | DC Current <input type="checkbox"/> | DC Current <input type="checkbox"/> | DC Current <input type="checkbox"/> | Level II Inspector: <u>GAELEN ROBIN</u> | | | White Light: _____ | | | |
| 14-A | | Trans. Insp. <input checked="" type="checkbox"/> | DC Current <input checked="" type="checkbox"/> | Trans. Insp. <input type="checkbox"/> | Visible M.P.I. <input type="checkbox"/> | Visible M.P.I. <input type="checkbox"/> | Visible M.P.I. <input type="checkbox"/> | Signature: | | | Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D | | | |
| 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"/> | Batch # _____ | | | | | | Dwell Time: _____ min | | |
| Job Information | | 3rd Party Rep _____ | | | | Signature: _____ | | | | | | Signature: _____ | | |
| B | GR | V | GR | D | P | GR | Signature guarantees final walk thru of job and job site | | | | | | APPROVED | |