

BOTTOM HOLE ASSURANCE, INC.

No. DIR 42224ST-12



NDE Inspection Services

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

FACILITY / LOCATION SERVICE TOOLS
PROJECT IN HOUSE

AUTHORIZED BY JASON CLOSTIO
P.O. / JOB # 1017510021

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 | | | | | | | | | | | | | | | | | | | |
|---------------------------|--------------------------|----------------|---------------------|------------|----------|----------|----------|-----------------|------------|-----------------------|-------------------|---------------------|----------------|---------------|----------------|-------|--------------|---------|-----------------|---------------------|-----------------------|--------------------------------|----------------|-----------------|-------------------|----------------------------|----------------|-------|--------------|---------|--------|---|-----|---------|--|--|--|--|
| | | | | | | | | 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 | | | | | | | | |
| EQ# 12943214 3620841-5 | X-OVER SAP# 101323223 | 2.98 | - | - | 2 1/4 | 6 1/4 | 6 1/4 | | | | | | | | | | | | | | | | NC 50 | 5/8 | 5 5/16 | - | - | - | - | | 6 1/16 | - | Acc | RE-INSP | | | | |
| EQ# 12906157 | PORTED SUB | 1.45 | - | - | 2 1/4 | 5 | 5 | | | | | | | | | | | | | | | | NC 38 | 5/8 | 4 1/16 | - | - | - | - | | 4 3/4 | - | Acc | RE-INSP | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Remarks: CONNECTION INSP AS PER MAN-GL-HAL-HCT-900 REV. 6.3 (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 23K007 | Wet Flour. M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Dry Powder Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/> 7-HF Flour Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> White Contrast Long. Insp. <input checked="" type="checkbox"/> AC Current <input type="checkbox"/> 14-A Trans. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/> | Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/> | Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/> | Blacklight Intensity: <u>2896</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u> Equipment Used From Unit # <u>23</u> Qual. Date(s) MT <u>4/26/2019</u> PT <u>4/26/2019</u> | Magnafux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min White Light: _____ Magnafux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ Dwell Time: _____ min |
| 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"/> | | Equipment / Inspector Information Equipment Used From Unit # <u>23</u> Qual. Date(s) MT <u>4/26/2019</u> PT <u>4/26/2019</u> Level II Inspector: <u>BRANSON THERIOT</u> Signature: <u><i>Branson Theriot</i></u> <small>Signature guarantees final walk thru of job and job site</small> | |
| Job Information B _____ BT _____ V _____ BT _____ D _____ P _____ BT _____ | | | 3rd Party Rep _____ Signature: <u><i>RAYMOND DUNCAN</i></u> | | |



By david.patin@bottomholeassurance.com at 8:25:45 AM, 4/23/2024