

# BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

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Bottomholeassurance.com



CUSTOMER Halliburton  3RD PARTY  
RIG \_\_\_\_\_  
OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION Sperry Drilling  
PROJECT \_\_\_\_\_

AUTHORIZED BY Ryan Broussard  
P.O. / JOB # 908812143

INVOICE NO. \_\_\_\_\_  
DATE: 4/25/2024

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 Neck Lgth	Pin Rel. Width	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	
SN:13940749 PN:102776765	FCM SUB	3.80	21 1/2	20 13/16	6	9 5/8	9 5/8	8 5/8 REG	5 1/2					5/16	9 1/8		OK	*N1	6 5/8 IF	21/32	7 23/64					9 1/16		OK		

Remarks: Inspection as per D00685901 Rev. W NOTE: All API connections show evidence of Cold Work unless otherwise noted. \*N1- ONE TRANSITION AREA INSPECTED-OK, Customer Rep Signoff: \_\_\_\_\_

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I		Blacklight Inspection			Liquid Penetrant Inspection		
20-B Dry Powder 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input checked="" type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/> Continuous <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Long. Insp. <input type="checkbox"/>	Residual <input type="checkbox"/> Continuous <input type="checkbox"/>	Blacklight Intensity: _____	Bath Mixture: _____	Whitelight: _____	Magnaflux Developer: SKD-S2 Batch # 23M08C	Dwell Time: _____ min	
	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	<b>Equipment / Inspector Information</b>			White Light: _____		
	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>		DC Current <input type="checkbox"/>	Equipment Used From Unit # 14	Qual. Date(s) MT 7/21/2019 PT 7/30/2021		Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D	Dwell Time: _____ min	
	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>			Level II Inspector: <u>Ridge Albert</u>					
System Effectiveness: LP-Comparitive Block <input checked="" type="checkbox"/>		Dry MP-Castrol Strip <input type="checkbox"/>		Wet MP-Castrol Strip <input type="checkbox"/>		Profile Gage RSC OK <input checked="" type="checkbox"/>		Signature: <u>Ridge Albert</u>				
<b>Job Information</b>							Signature guarantees final walk thru of job and job site					
B _____		V _____		D _____		P _____		3rd Party Rep _____				
							Signature: _____					