



# B O T T O M   H O L E   A S S U R A N C E ,   I N C .

NDE Inspection Services

No. IR 42524CWP-1

Email: BHAInc@bottomholeassurance.com  
107 Citron Drive • Youngsville, LA 70592

**Office: (337) 857-8994    Fax: (337) 857-8964**  
**Bottomholeassurance.com**

CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION CLEAN WELL	AUTHORIZED BY TONY FREDERICK		INVOICE NO.		
RIG		OCS-G & WELL NO.		PROJECT	S/O	DATE 4/25/2024		
SERIAL NO.	DESCRIPTION		OK / REJ.	SERIAL NO.	DESCRIPTION		OK / REJ.	
1	45080558030114	SPLIT HALF		ACC	1	4510958458210	654847 BLADE	ACC
2	45079860300545	SPLIT HALF		ACC	2	451322020715	654799 BLADE	ACC
3	45080558080104	SPLIT HALF		ACC	3	4510629041112	654799 BLADE	ACC
4	4510364712110	SPLIT HALF		ACC	4	4510361798111	654799 BLADE	ACC
5	45079860300550	SPLIT HALF		ACC	5	451086179812	654799 BLADE	ACC
6	451379067011	SPLIT HALF		ACC	6	451036179814	654799 BLADE	ACC
7	450800195915	SPLIT HALF		ACC	7	451058578922	654799 BLADE	ACC
8	68730108	SPLIT HALF		ACC	8	45151712550102	654797 BLADE	ACC
9	4510679537122	SPLIT HALF		ACC	9	4514958064110	654797 BLADE	ACC
10	450995949523	SPLIT HALF		ACC	10	4514716900110	654797 BLADE	ACC
11	451067953718	SPLIT HALF		ACC	11	4514716900228	654797 BLADE	ACC
12	451430453512	SPLIT HALF		ACC	12	4513876411110	654797 BLADE	ACC
13	451633825724	SPLIT HALF		ACC	13	45147753490102	654797 BLADE	ACC
14	451648438013	SPLIT HALF		ACC	14	4510879421117	654797 BLADE	ACC
15	4510679537135	SPLIT HALF		ACC	15	451477534911	654797 BLADE	ACC
16	735214	SPLIT HALF		ACC	16	451482907326	654848 BLADE	ACC
17	451476985121	SPLIT HALF		ACC	17	4513876411314	654848 BLADE	ACC
18	451472026115	SPLIT HALF		ACC	18	451471951913	654848 BLADE	ACC
19	450982490816	SPLIT HALF		ACC	19	451478708235	654848 BLADE	ACC
20	4513782028113	SPLIT HALF		ACC	20	4511106514210	654848 BLADE	ACC
21	451656389926	SPLIT HALF		ACC	21	4514719519114	654848 BLADE	ACC
22	4514720261119	SPLIT HALF		ACC	22	451482907324	654848 BLADE	ACC
23	451501341119	SPLIT HALF		ACC	23	4514719519115	654848 BLADE	ACC
24	451629905828	SPLIT HALF		ACC	24	45103092570406	655267 BLADE	ACC
25	450865583764	SPLIT HALF		ACC	25	45156480700210	655267 BLADE	ACC
26	450802166483	SPLIT COLLAR		ACC	26	45149048650210	655267 BLADE	ACC
27	450802166486	SPLIT COLLAR		ACC	27	45101288000502	655267 BLADE	ACC
28	450802166466	SPRING HOLDER		ACC	28	45149048650216	655267 BLADE	ACC
29	450802166465	SPRING HOLDER		ACC	29	451275594516	655267 BLADE	ACC
30	6853	SPLIT HALF		ACC	30	451275594515	655267 BLADE	ACC
31	451373917413	SPRING RETAINER		ACC	31	451000728626	655267 BLADE	ACC
32	451373917411	SPRING RETAINER		ACC	32	4510958458212	654847 BLADE	ACC
33	451373917412	SPRING RETAINER		ACC	33	45147195190232	654847 BLADE	ACC
34	450867312378	654847 BLADE		ACC	34	45147195190231	654847 BLADE	ACC
35	4512755945248	654847 BLADE		ACC	35	45149580640212	654847 BLADE	ACC
36	4512755945220	654847 BLADE		ACC	36	45149228160123	654847 BLADE	ACC
37	451101363211	654847 BLADE		ACC	37	4514719519215	654847 BLADE	ACC
38	4511295726146	654847 BLADE		ACC	38	4512016622119	654847 BLADE	ACC
39	45166829610127	654847 BLADE		ACC	39	4512016622110	654847 BLADE	ACC
40	451186323911	654847 BLADE		ACC	40	4513907422112	654808 BLADE	ACC

**SUMMARY:**

FULL BODY INSP AS PER BSD-GL-HAL-CWT-201 Rev. 14

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I		
20-B 20B065	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P. <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 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 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 type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>			
System Effectiveness:		LP-Comparative Block <input type="checkbox"/>	Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input checked="" type="checkbox"/>			
<b>Blacklight Inspection</b>			<b>Equipment / Inspector Information</b>				
Blacklight Intensity: 3817    Bath Mixture: 0.25    Whitelight: 0.1			Equipment Used From Unit # 32				
			Qual. Date(s) MT 11/30/2021    PT _____				
<b>Liquid Penetrant Inspection</b>			3rd Party Rep: _____				
Whitelight: _____			Signature: _____				
Magnaflux Developer: SKD-S2		Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D		Level II Inspector: GAELEN ROBIN			
Batch # _____		Batch # _____		Signature:			
Dwell Time: _____ min		Dwell Time: _____ min		Signature guarantees final walk thru of job and job site			
<b>Job Information</b>			Customer Rep Signoff: _____				
B	GR	V	GR	D	_____	P	TR





# BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

No. IR 42524CWP-2

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CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION CLEAN WELL	AUTHORIZED BY TONY FREDERICK		INVOICE NO.	
RIG		OCS-G & WELL NO.		PROJECT		S/O	DATE 4/25/2024
SERIAL NO.	DESCRIPTION		OK / REJ.	SERIAL NO.	DESCRIPTION		OK / REJ.
1	4513220207314	654808 BLADE	ACC	1	45167628310222	655254 BLADE	ACC
2	45151323240109	654808 BLADE	ACC	2	45167628310224	655254 BLADE	ACC
3	4513220207312	654808 BLADE	ACC	3	45167628310216	655254 BLADE	ACC
4	451313295321	654808 BLADE	ACC	4	45167628310218	655254 BLADE	ACC
5	451477232712	654808 BLADE	ACC	5	45168454700106	655243 BLADE	ACC
6	45137219170223	654808 BLADE	ACC	6	45168454700103	655243 BLADE	ACC
7	451313295324	654808 BLADE	ACC	7	45168454700105	655243 BLADE	ACC
8	451356836921	654837 BLADE	ACC	8	45168454700102	655243 BLADE	ACC
9	45102165170306	654837 BLADE	ACC	9	45168454700107	655243 BLADE	ACC
10	45102165170302	654837 BLADE	ACC	10	45168454700108	655243 BLADE	ACC
11	45102165170303	654837 BLADE	ACC	11	45133764110315	654848 BLADE	ACC
12	45127845580213	654837 BLADE	ACC	12	45151344360210	654848 BLADE	ACC
13	45140597060207	654837 BLADE	ACC	13	45149717980203	654848 BLADE	ACC
14	45135683690204	654837 BLADE	ACC	14	451201662225	654848 BLADE	ACC
15	4510216510318	654837 BLADE	ACC	15	45147169000104	654808 BLADE	ACC
16	45134164080117	654832 BLADE	ACC	16	451091551829	654808 BLADE	ACC
17	4513416408117	654832 BLADE	ACC	17	45151323240127	654808 BLADE	ACC
18	596714	654832 BLADE	ACC	18	45151323240126	654808 BLADE	ACC
19	4513151370117	654832 BLADE	ACC	19	451171058813	654808 BLADE	ACC
20	451341640812	654832 BLADE	ACC	20	45151323240104	654808 BLADE	ACC
21	4513416408118	654832 BLADE	ACC	21	451269275711	654808 BLADE	ACC
22	451341640814	654832 BLADE	ACC	22	4512761298226	654808 BLADE	ACC
23	45147842100114	654832 BLADE	ACC	23	45138211220105	654797 BLADE	ACC
24	4510128809210	STABILIZER	ACC	24	4513132953123	654797 BLADE	ACC
25	2901	STABILIZER	ACC	25	45147169000239	654797 BLADE	ACC
26	450867336322	STABILIZER	ACC	26	45151712550115	654797 BLADE	ACC
27	450837159696	STABILIZER	ACC	27	45147169000224	654797 BLADE	ACC
28	450850101318	STABILIZER	ACC	28	451516366814	654797 BLADE	ACC
29	45106795420115	STABILIZER	ACC	29	45129228440113	654797 BLADE	ACC
30	451725620512	STABILIZER	ACC	30	45142471380113	654797 BLADE	ACC
31	4511665864116	STABILIZER	ACC	31	45149580640208	654847 BLADE	ACC
32	4510128809011	STABILIZER	ACC	32	450908434942	654847 BLADE	ACC
33	450780539052	SPLIT HALF	ACC	33	45147195190326	654847 BLADE	ACC
34	450354450621	SPLIT HALF	ACC	34	45147870820208	654847 BLADE	ACC
35	450865583763	SPLIT HALF	ACC	35	45147195190237	654847 BLADE	ACC
36	450865583763	SPLIT HALF	ACC	36	45149717980105	654847 BLADE	ACC
37	4515013411117	SPLIT HALF	ACC	37	45149580640311	654847 BLADE	ACC
38	4514952462113	SPLIT HALF	ACC	38	45149580640214	654847 BLADE	ACC
39	45167628310221	655254 BLADE	ACC	39	450948778211	STABILIZER	ACC
40	45167628310205	655254 BLADE	ACC	40	451337435122	STABILIZER	ACC

**SUMMARY:**

FULL BODY INSP AS PER BSD-GL-HAL-CWT-201 Rev. 14

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P. <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 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 type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <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 type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		
System Effectiveness:	LP-Comparative Block <input type="checkbox"/>	Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input checked="" type="checkbox"/>			
<b>Blacklight Inspection</b>			<b>Equipment / Inspector Information</b>			
Blacklight Intensity: 3814	Bath Mixture: 0.25	Whitelight: 0.1	Equipment Used From Unit #	32		
<b>Liquid Penetrant Inspection</b>			Qual. Date(s)	MT	11/30/2021	PT
Whitelight: _____			3rd Party Rep: _____			
Magnaflux Developer: SKD-S2	Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D	Signature: _____				
Batch # _____	Batch # _____	Level II Inspector: GAELLEN ROBIN				
Dwell Time: _____ min	Dwell Time: _____ min	Signature:				
<b>Job Information</b>			Signature guarantees final walk thru of job and job site			
B _____ GR _____	V _____ GR _____	D _____	P _____	TR _____		
			Customer Rep Signoff:			



**BOTTOM HOLE ASSURANCE, INC.**

NDE Inspection Services

No. IR 42524CWP-3

Email: BHAInc@bottomholeassurance.com  
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CUSTOMER HALLIBURTON ICC			3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION CLEAN WELL		AUTHORIZED BY TONY FREDERICK		INVOICE NO.	
RIG			OCS-G & WELL NO.		PROJECT		S/O		DATE 4/25/2024
SERIAL NO.	DESCRIPTION		OK / REJ.		SERIAL NO.	DESCRIPTION		OK / REJ.	
1	451258775713	STABILIZER	ACC		1				
2	45106795420109	STABILIZER	CRK		2				
3	45103640590101	KNOCKOUT CONE	ACC		3				
4					4				
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**SUMMARY:** FULL BODY INSP AS PER BSD-GL-HAL-CWT-201 Rev. 14

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I.	
20-B 20B065	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P. <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 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 type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <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 type="checkbox"/>	DC Current <input 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>4338</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>32</u> Qual. Date(s) MT <u>11/30/2021</u> PT _____
<b>Liquid Penetrant Inspection</b> Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: GAELEN ROBIN Signature: <i>Gaelen Robin</i> <small>Signature guarantees final walk thru of job and job site</small>
<b>Job Information</b> B <u>GR</u> V <u>GR</u> D _____ P <u>TR</u>	Customer Rep Signoff: _____

