



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

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Bottomholeassurance.com

CUSTOMER S.B.E.S 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION Shop
PROJECT Halliburton Sperry

AUTHORIZED BY Kale Veronie
P.O. / JOB # WO#326441609

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.	Connection Size	PIN							BOX							Remarks						
									Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Lgh	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 Lgh	Float Bore Lgh	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R
S/N 13590654 P/N 102814796	9 1/2 ILS COLLAR	5.02	41 1/4	11 3/4	3 1/2	9 1/2	9 1/2	6 5/8 IF	5"					5/16	8 55/64		OK		7 5/8 REG	11/16	7 1/16					8 55/64		OK	N1
	MR54055/1																												

Remarks: INSP AS PER D00658901 REV. V N1: VISUAL AND DIMENSIONAL OF REFACE CONNECTION ONLY CW: STAMPED 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"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input checked="" 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: _____ Bath Mixture: _____ Whitelight: _____	Magnaflux Developer: SKD-S2 Batch # 23D07C Dwell Time: _____ min White Light: _____ Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # 22B02C Dwell Time: _____ min
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"/>				Equipment / Inspector Information	
3rd Party Rep _____			Equipment Used From Unit # <u>29</u>	Qual. Date(s) MT _____ PT <u>12/1/2023</u>	Level II Inspector: <u>KELTON ALFRED</u>
Job Information			Signature: _____		
B _____ V _____ KA _____ D _____ KA _____ P _____ KA _____	Signature guarantees final walk thru of job and job site				