



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 42624CWP-1

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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 4/26/2024	
SERIAL NO.	DESCRIPTION		OK / REJ.	SERIAL NO.	DESCRIPTION		OK / REJ.
1	45147195190209	654847 BLADE	ACC	1			
2	451322020748	654847 BLADE	ACC	2			
3	45147758490203	654847 BLADE	ACC	3			
4	451186323915	654847 BLADE	ACC	4			
5	45138764110214	654847 BLADE	ACC	5			
6	45162435420102	654848 BLADE	ACC	6			
7	45147195190110	654848 BLADE	ACC	7			
8	45149228160210	654848 BLADE	ACC	8			
9	45149228160220	654848 BLADE	ACC	9			
10	45151344360222	654848 BLADE	ACC	10			
11	45149228160223	654848 BLADE	ACC	11			
12	45151344360229	654848 BLADE	ACC	12			
13	45107944380103	654848 BLADE	ACC	13			
14	45173775740105	654797 BLADE	ACC	14			
15	45173775740112	654797 BLADE	ACC	15			
16	45173775740101	654797 BLADE	ACC	16			
17	45173775740109	654797 BLADE	ACC	17			
18	45173775740108	654797 BLADE	ACC	18			
19	45173775740106	654797 BLADE	ACC	19			
20	45173775740107	654797 BLADE	ACC	20			
21	45173775740111	654797 BLADE	ACC	21			
22	45173775740104	654797 BLADE	ACC	22			
23	45173775740102	654797 BLADE	ACC	23			
24	45173775740103	654797 BLADE	ACC	24			
25	45173775740110	654797 BLADE	ACC	25			
26				26			
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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"/>
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"/>			
Blacklight Inspection				Equipment / Inspector Information			
Blacklight Intensity: 5096		Bath Mixture: 0.25		Whitelight: 0.1		Equipment Used From Unit # 32	
				Qual. Date(s) MT 11/30/2021 PT			
Liquid Penetrant Inspection				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			
Job Information				Customer Rep Signoff: _____			
B	GR	V	GR	D		P	TR

