



**BOTTOM HOLE ASSURANCE, INC.**

No. DIR 42624ST-8

NDE Inspection Services

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

FACILITY / LOCATION SERVICE TOOLS  
PROJECT ARENA

AUTHORIZED BY JASON CLOSTIO  
P.O. / JOB # 909216680

INVOICE NO. \_\_\_\_\_  
DATE: 4/26/2024

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 Lght Float Bore Lght	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks				
EQ# 12817215 SO 812017-16	PORTED SUB SAP# 102192863	3.02	-	-	3	6 1/4	6 1/4	NC 50	4 1/2						5/16	6 1/16		Rej	Damaged Shoulder	NC 50	5/8	5 5/16						6 1/16		Rej	Damaged Threads	

Remarks: FULL BODY INSP. AS PER MAN-GL-HAL-HCT-900 REV 6.3 Customer Rep Signoff: \_\_\_\_\_

<b>Batch # Info.</b> 20-B 23K007	<b>Connection Inspection</b> Wet Flour, M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/> 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"/>	<b>Body Inspection</b> Wet Flour, M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	<b>Body Dry M.P.I.</b> 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"/>	<b>Blacklight Inspection</b> Blacklight Intensity: 4366 Bath Mixture: 0.25 Whitelight: 0.1 <b>Equipment / Inspector Information</b> Equipment Used From Unit # 23 Qual. Date(s) MT 4/26/2019 PT 4/26/2019 Level II Inspector: BRANSON THERIOT Signature: <i>Branson Theriot</i> Signature guarantees final walk thru of job and job site	<b>Liquid Penetrant Inspection</b> Magnaflix Developer: SKD-S2 Batch # Dwell Time: #N/A min White Light: #N/A Magnaflix Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # Dwell Time: #N/A min
<b>System Effectiveness:</b> LP-Comparitive 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"/>				<b>Job Information</b> B BT V BT D P DP 3rd Party Rep _____ Signature: _____	



By david.patin@bottomholeassurance.com at 10:23:02 AM, 4/26/2024

Arena 909216680

Page 1.1 Component Trace Number Log Sheet

Assembly Description:		4 1/2 IF Ported Sub		SAP Assembly No.	102192863		Serial Number	Laf 0783 12817215		
Component Description				Original	Change #1		Change #2		Change #3	
Print Item Number	SAP Part Number	Legacy Part Number	Description	Trace No.	Trace No.	Date	Trace No.	Date	Trace No.	Date
1C	102192863		4 1/2 IF Ported Sub	SO 812017-16						
					Rework	12/18/15				