



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

No. IR 42624TT-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 TEST TOOLS	AUTHORIZED BY BOBBY CHOATE		INVOICE NO.	
RIG		OCS-G & WELL NO.		PROJECT IN HOUSE	P.O. NO. / JOB NO. 1017510022	DATE 4/26/2024	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1	EQ# 10254341	7 3/4" CHAMP IV PACKER NR					
2	3474659-1	TOP ADAPTER - ACC		INT - ACC	3 7/8" CAS - ACC	5"	1.13
3		SAP# 100071685					
4	BBM216410-1	UPPER MANDREL - ACC		INT x INT - ACC			
5		SAP# 10004100					
6	BAC1973556-1	FLOATING PISTON - ACC					
7		SAP# 100012595					
8	AHY2116310-2	BALANCING COUPLING - ACC			INT x INT - ACC		
9		SAP# 100004114					
10	3797174-3	PORTED HOUSING - ACC		INT - ACC			
11		SAP# 100004113					
12	BAS1810	UPPER BODY - ACC		INT - ACC	INT - ACC		
13		SAP# 100071683					
14	AFQ1513711-3	BYPASS SLEEVE - ACC					
15		SAP# 100004115					
16	ABM1553194-2	CENTER MANDREL - ACC		INT x INT - ACC			
17		SAP# 102513063					
18	1357504-8	SHOE COUPLING - ACC		INT - ACC	INT - ACC		
19		SAP# 100071678					
20	AEZ152098-8	PACKER MANDREL - ACC		INT - ACC			
21		SAP# 100012603					
22	3666536	MECH SLIP BODY - ACC		INT - ACC	INT - ACC		
23		SAP# 102513062					
24	C3651579-1	HYDRAULIC BODY-ACC		INT - ACC			
25		SAP# 100071718					
26	AKB1548151-4	SPLIT RING COLLAR - (3 COMPONENTS) ACC					
27		SAP# 102513070					
28	AKB1548341-3	DRAG BLOCK SLEEVE - ACC					
29		SAP# 102514433					
30	BAC23A0223-4	LOWER MANDREL - ACC			INT - ACC		
31		SAP# 102514143					
32	AKB1548652-3	J-SLOT MANDREL-ACC			INT - ACC		
33		SAP# 102514144					
34	CK1948902-2,5,11,17	HYDRAULIC SLIP - ACC					
35	20,21	SAP# 100012598					
36	CK1547351-1,2						
37							
38							
39							
40							

SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 6

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 23K007	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	DC Current <input checked="" 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: 3406 Bath Mixture: 0.25 Whitelight: 0.1	Equipment Used From Unit # 13 Qual. Date(s) MT 2/16/2023 PT 8/9/2023
Liquid Penetrant Inspection 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: BRONZE POIRIER Signature:  <small>Signature guarantees final walk thru of job and job site</small>
Job Information B _____ BP _____ V _____ BP _____ D _____ P _____ BP _____	Customer Rep Signoff: _____





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CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION TEST TOOLS	AUTHORIZED BY BOBBY CHOATE		INVOICE NO.		
RIG		OCS-G & WELL NO.		PROJECT IN HOUSE	P.O. NO. / JOB NO. 1017510022	DATE 4/26/2024		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ# 10254341	7 3/4" CHAMP IV PACKER NR						
2	3517873-3,5,8,12	MECHANICAL SLIPS - ACC						
3	3516285-6	SAP# 101615277						
4	349343-2							
5	AKB1548651-3	LUG RETAINER-ACC						
6		SAP# 102513065						
7	AN1472067-2	DRAG BLOCKS - ACC						
8	AN1671067-16,35	SAP# 100012574						
9	AN1006-30							
10	BBM205434-1	CHAMBER BODY-ACC		INT - ACC	INT - ACC			
11		SAP# 102513068						
12	BAC23A612-2	BOTTOM ADAPTER-ACC		3 7/8 CAS- ACC	INT - ACC	2 5/16	6 1/8	0.83
13		SAP# 102601832						
14	AKB1548342-3	LUG RETAINER-ACC						
15		SAP# 102513065						
16	AKB1548154-3	SLIDING LOCK-ACC						
17		SAP#102195426						
18	AN1874701-59	HOLDING STRAPS-ACC						
19	AN15858711-23,76	SAP#100004101						
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SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 6

Batch # Info.	Connection Inspection		Body Inspection			Body Dry M.P.I		
20-B 23K007	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <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"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>
7-HF	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	DC Current <input type="checkbox"/>	
White Contrast	Long. Insp. <input checked="" 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"/>			
14-A	Trans. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" 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>3449</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u> Qual. Date(s) MT <u>2/16/2023</u> PT <u>8/9/2023</u>
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: (Check one) <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: BRONZE POIRIER Signature: <u>Bobby Choate</u> <small>Signature guarantees final walk thru of job and job site</small>
Job Information B _____ BP _____ V _____ BP _____ D _____ P _____ BP _____	Customer Rep Signoff: _____



MAINTENANCE CHECK SHEETS - Page 1 of 1

SAP#

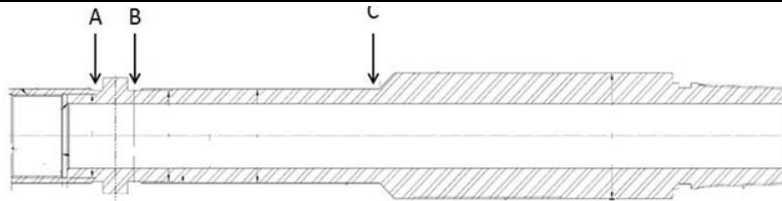
[Redacted]

Tool ID Number:

[Redacted]

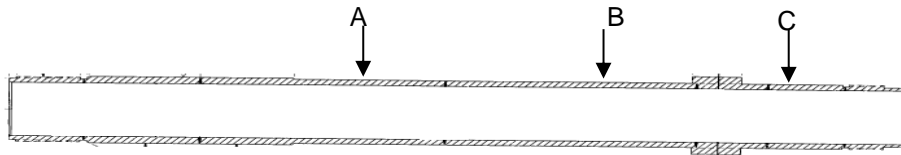
ULTRASONIC THICKNESS MEASUREMENT LOG SHEET

Lug Mandrel
102018706
Nominal ID: 2.44"



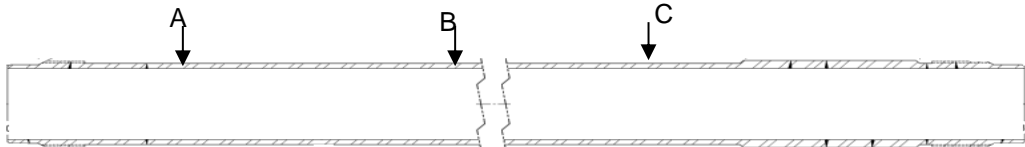
Thickness Measurements	A1:		B1:		C1:	
	A2:		B2:		C2:	
	A3:		B3:		C3:	
	A4:		B4:		C4:	
	Min:	0.490	Min:	0.490	Min:	0.54

Splined Mandrel
100004100
Nominal ID: 2.37"



Thickness Measurements	A1:	0.259	B1:	0.261	C1:	0.258
	A2:	0.258	B2:	0.261	C2:	0.259
	A3:	0.259	B3:	0.259	C3:	0.257
	A4:	0.261	B4:	0.262	C4:	0.255
	Min:	0.245	Min:	0.245	Min:	0.245

Bypass Mandrel
100004116
Nominal ID: 2.37"



Thickness Measurements	A1:		B1:		C1:	
	A2:		B2:		C2:	
	A3:		B3:		C3:	
	A4:		B4:		C4:	
	Min:	0.205	Min:	0.205	Min:	0.205

Instructions for Performing Ultrasonic Wall Thickness Measurements:

- 1.) Ensure that areas to be tested are free of grit, grease and grime.
- 2.) Prepare Ultrasonic Testing device per manufacturers instructions.
- 3.) Take readings 90° apart at each indicated location ensuring that readings are within +/- .010 of each other.
- 4.) Record measurements above.
- 5.) Components with measurements below the indicated minimum thickness tolerance must be discarded and replaced with new components

Test Performed By: Bryce Bini Date: 4/26/2024

Supervisor Sign Off: [Signature] Date: 4/29/2024