



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

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Bottomholeassurance.com

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

FACILITY / LOCATION CLEAN WELL
PROJECT SHELL

AUTHORIZED BY TONY FREDERICK
P.O. / JOB # 909076910

INVOICE NO. _____
DATE: 4/29/2024

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN										BOX					Remarks								
								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 Lgth Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks	
13665967	DRILL TECH	6.55	20 7/16	16 5/8	3"	7"	7"	CTM-57	5.622.	5.846.							6.751.		Acc		CTM-57		5.932.			5.627.	0.547.	6.747.		Acc	

Remarks: FULL BODY INSP AS PER BSD-GL-HAL-CWT-201 Rev. 14 Customer Rep Signoff: _____

Batch # Info.		Connection Inspection				Body Inspection				Body Dry M.P.I				Blacklight Inspection				Liquid Penetrant Inspection			
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"/>	Blacklight Intensity: 5504	Bath Mixture: 0.25	Whitelight: 0.1	Magnaflux Developer: SKD-S2	Batch # _____			
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"/>	Equipment / Inspector Information				Dwell Time: _____ min			
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"/>	Equipment Used From Unit # 32	Qual. Date(s) MT 11/30/2021 PT _____			White Light: _____			
White Contrast		Long. Insp.	<input checked="" type="checkbox"/>	AC Current	<input type="checkbox"/>	Long. Insp.	<input checked="" type="checkbox"/>	DC Current	<input type="checkbox"/>	DC Current	<input checked="" type="checkbox"/>	DC Current	<input type="checkbox"/>	Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2	(Check one) <input type="checkbox"/> ZL-60D			Batch # _____			
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-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"/>				Level II Inspector: GAELAN ROBIN				Dwell Time: _____ min			
Job Information		3rd Party Rep _____				Signature: _____				Signature: <i>Gaelan Robin</i>				Signature guarantees final walk thru of job and job site							
B	GR	V	GR	D	P	GR	APPROVED														