



# 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 42924CWP-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 4/29/2024		
SERIAL NO.	DESCRIPTION			OK / REJ.	SERIAL NO.	DESCRIPTION			OK / REJ.		
1	4508021664625	SPRING HOLDER			ACC	1	451614775429	SPLIT HALF			ACC
2	2264617	SPRING HOLDER			ACC	2	4513826165117	SPLIT HALF			ACC
3	2264612	SPRING HOLDER			ACC	3					
4	22745912	SPRING HOLDER			ACC	4					
5	45138059873	SPLIT COLLAR			ACC	5					
6	451453088714	SPLIT COLLAR			ACC	6					
7	450780539061	SPLIT HALF			ACC	7					
8	450865583761	SPLIT HALF			ACC	8					
9	451520926516	SPLIT HALF			ACC	9					
10	451452535932	SPLIT HALF			ACC	10					
11	451452535935	SPLIT HALF			ACC	11					
12	45055425031	SPLIT HALF			ACC	12					
13	451629905821	SPLIT HALF			ACC	13					
14	451648438012	SPLIT HALF			ACC	14					
15	451430453416	SPLIT HALF			ACC	15					
16	45120772160102	FIS			ACC	16					
17	45145247220404	STABILIZER			ACC	17					
18	45145406850101	SPRING RETAINER			ACC	18					
19	45145406850102	SPRING RETAINER			ACC	19					
20	450798608057	SPRING RETAINER			ACC	20					
21	4516339020111	SPRING RETAINER			ACC	21					
22	45093032380504	SPRING RETAINER			ACC	22					
23	223708	SPRING RETAINER			ACC	23					
24	4516330484	SPRING RETAINER			ACC	24					
25	451633048413	SPRING RETAINER			ACC	25					
26	450869216122	SPRING RETAINER			ACC	26					
27	451633039012	SPRING RETAINER			ACC	27					
28	451668297013	STABILIZER			ACC	28					
29	450902475024	STABILIZER			ACC	29					
30	45101517770112	STABILIZER			ACC	30					
31	4510679542024	STABILIZER			ACC	31					
32	450886429145	STABILIZER			ACC	32					
33	450903298916	STABILIZER			ACC	33					
34	451649647416	STABILIZER			ACC	34					
35	451200156014	STABILIZER			ACC	35					
36	450886429142	STABILIZER			ACC	36					
37	450987221611	STABILIZER			ACC	37					
38	450850101311	STABILIZER			ACC	38					
39	45138059870101	STABILIZER			ACC	39					
40	591312	SPLIT HALF			ACC	40					

**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"/>	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: 4384    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: <i>Gaelen Robin</i>			
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						