



**BOTTOM HOLE ASSURANCE, INC.**

NDE Inspection Services

No. IR 42924TT-1

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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 4/29/2024	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1	EQ# 11324043	5" RD VALVE					
2	C3975441-2	LOWER ADAPTER - ACC		3 7/8 CAS- ACC	INT - ACC	2 1/4	5 1.23
3		SAP# 100066686					
4	BAC1912479-2	TOP COUPLING - ACC		INT - ACC	3 7/8 CAS- ACC	2 1/4	5 1.03
5		SAP# 100066687					
6	KM0922732-10	SHEAR MANDREL - (LP) ACC					
7		SAP# 100066701					
8	G3216530-05	RD CASE MOD - (LP) ACC			INT x INT- ACC		
9		SAP# 102030558					
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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"/>	
Dry Powder	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input checked="" 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: <u>4541</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>
<b>Liquid Penetrant Inspection</b> Whitelight: <u>100.0</u> Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>19F16K</u> Batch # <u>19D07K</u> Dwell Time: <u>10</u> min Dwell Time: <u>20</u> min	3rd Party Rep: _____ Signature: _____ Level II Inspector: <u>BRONZE POIRIER</u> Signature: <u>Bobby Choate</u> <small>Signature guarantees final walk thru of job and job site</small>
<b>Job Information</b> B <u>BP</u> V <u>BP</u> D <u>BP</u> P <u>BP</u>	Customer Rep Signoff: _____



