



BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

No. IR 43024TT-4

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 4/30/2024	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1	EQ# 10255358	8 5/8" - 13 3/8" RTTS SAFETY JOINT					
2	B239979	TOP COUPLING - ACC			3 7/8 CAS x INT - ACC	2 1/4	6 1/8 0.92
3		SAP# 100070255					
4	3775211-1	MANDREL - ACC		INT x INT - ACC			
5		SAP# 100070268					
6	KM1431347-05	NUT - ACC		INT - ACC			
7		SAP# 100070269					
8	B1636548-1	CASE - ACC			INT x INT - ACC		
9		SAP# 100070251					
10	AHY136844-112	CONNECTOR - ACC		INT x INT - ACC			
11		SAP# 100070252					
12	ABH0928592-12	LOWER ADAPTER-ACC		NC 50 - ACC	INT - ACC	3 3/4	6 1/8 1.07
13		SAP# 100070247					
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
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"/>	Long. Insp. <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"/>	Trans. Insp. <input type="checkbox"/>	AC 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"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	DC Current <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"/>	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>4348</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:  <small>Signature guarantees final walk thru of job and job site</small>
Job Information B <u>BP</u> V <u>BP</u> D _____ P <u>BP</u>	Customer Rep Signoff: _____



