



# BOTTOM HOLE ASSURANCE, INC.

No. DIR 11025SB12

NDE Inspection Services

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**Bottomholeassurance.com**

CUSTOMER **SBES**  3RD PARTY  
 RIG \_\_\_\_\_  
 OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION **SHOP** \_\_\_\_\_  
 PROJECT \_\_\_\_\_

AUTHORIZED BY **KEITH** \_\_\_\_\_  
 P.O. / JOB # **327507211** \_\_\_\_\_

INVOICE NO. \_\_\_\_\_  
 DATE: **1/10/2025**

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	BSR	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	BSR	OK or Reject	Remarks						
S/N 13676093 P/N 102965648	8" CONVERSION SUB	1.82	FL	FL	N/A	8"																				6 5/8 REG	11/16	6 1/16					7 3/4		OK	N1	
	MR 54771																																				

Remarks:		INSP. AS PER D00685901 REV. V N1 - VISUAL AND DIMENSIONAL OF REFACED CONN ONLY										Customer Rep Signoff: _____									
Batch # Info.		Connection Inspection				Body Inspection				Body Dry M.P.I				Blacklight Inspection				Liquid Penetrant Inspection			
20-B	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Blacklight Intensity: _____	Bath Mixture: _____	Whitelight: _____	Magnaflix Developer: SKD-S2											
Dry Powder	Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Equipment / Inspector Information				Batch # _____										
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"/>	Equipment Used From Unit # <u>25</u>	Dwell Time: _____ min													
White Contrast	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Qual. Date(s) MT _____ PT <u>1/27/2020</u>	White Light: _____													
14-A	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Level II Inspector: <u>TANNER BLANCHARD</u>				Magnaflix Penetrant: <input type="checkbox"/> SKL-WP2										
System Effectiveness: LP-Comparative Block <input type="checkbox"/>		Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>				Batch # _____				<input type="checkbox"/> ZL-60D									
<b>Job Information</b>		3rd Party Rep _____										Dwell Time: _____ min									
B _____	V _____	TB _____	D _____	P _____	TB _____	Signature: _____															

Signature guarantees final walk thru of job and job site