



# BOTTOM HOLE ASSURANCE, INC.

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 # **327507207**

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																	
								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 14239349 P/N 120164036	8" X-OVER	1.82	FL	FL	3 1/2	7 15/16		6 5/8 REG	4 15/16						13/32	7 37/64		OK																	
	MR 54774																																		

Remarks: INSP. AS PER D00685901 REV. V    MARKED WITH CW STAMP UNLESS OTHERWISE NOTED    Customer Rep Signoff: \_\_\_\_\_

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I.	
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"/>
Dry Powder _____	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Continuous <input 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 type="checkbox"/>	DC Current <input 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 type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		

Blacklight Intensity: \_\_\_\_\_ Bath Mixture: \_\_\_\_\_ Whitelight: \_\_\_\_\_

**Equipment / Inspector Information**  
 Equipment Used From Unit # 25  
 Qual. Date(s) MT \_\_\_\_\_ PT 1/27/2020

System Effectiveness:    LP-Comparitive Block     Dry MP-Castrol Strip     Wet MP-Castrol Strip     Profile Gage RSC OK

3rd Party Rep \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Job Information**  
 B \_\_\_\_\_ V \_\_\_\_\_ TB \_\_\_\_\_ D \_\_\_\_\_ TB \_\_\_\_\_ P \_\_\_\_\_ TB \_\_\_\_\_

Level II Inspector: TANNER BLANCHARD  
  
 Signature: \_\_\_\_\_  
*Signature guarantees final walk thru of job and job site*

**Liquid Penetrant Inspection**  
 Magnaflox Developer: SKD-S2  
 Batch # 23F01C  
 Dwell Time: 10 min  
 White Light: 190 FC  
 Magnaflox Penetrant:  SKL-WP2  
 (Check one)     ZL-60D  
 Batch # 22B02C  
 Dwell Time: 20 min