

BOTTOM HOLE ASSURANCE, INC.

No. DIR 11025SB16 R1



NDE Inspection Services

Email: BHAInc@bottomholeassurance.com
107 Citron Drive • Youngsville, LA 70592

Office: (337) 857-8994 Fax: (337) 857-8964
Bottomholeassurance.com

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

FACILITY / LOCATION **SHOP**
PROJECT _____

AUTHORIZED BY **KEITH**
P.O. / JOB # **327481727**

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	B S R	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	B S R	OK or Reject	Remarks						
S/N 13743308 P/N 102735222	IP COLLAR	19.52				7 11/16															6 5/8 REG	11/16	6 1/16								7 35/64		OK	
	MR 54779																																	

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.				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:	Magnaflux Developer: SKD-S2	Batch #	23F01C		
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"/>	Equipment Used From Unit #	25	Dwell Time:	10	min			
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"/>	Qual. Date(s)	MT _____	PT	1/27/2020	White Light:	190 FC		
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"/>	Level II Inspector:	TANNER BLANCHARD	Magnaflux Penetrant:	<input checked="" type="checkbox"/> SKL-WP2	Batch #	22B02C		
14-A	Trans. Insp.	<input type="checkbox"/>	DC Current	<input type="checkbox"/>	Trans. Insp.	<input type="checkbox"/>	Visible M.P.I.	<input type="checkbox"/>					Signature:		(Check one)	<input type="checkbox"/> ZL-60D	Dwell Time:	20		
System Effectiveness:		LP-Comparitive Block <input checked="" type="checkbox"/>		Dry MP-Castrol Strip <input type="checkbox"/>		Wet MP-Castrol Strip <input type="checkbox"/>		Profile Gage RSC OK <input checked="" type="checkbox"/>												

Job Information

B _____ V _____ TB _____ D _____ TB _____ P _____ TB _____

3rd Party Rep _____
Signature: _____

Signature guarantees final walk thru of job and job site