



# BOTTOM HOLE ASSURANCE, INC.

NDE Inspection Services

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CUSTOMER **S.B.E.S**  3RD PARTY  
RIG \_\_\_\_\_  
OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION Shop  
PROJECT Halliburton Sperry

AUTHORIZED BY Kale Veronie  
P.O. / JOB # WO#327490990

INVOICE NO. \_\_\_\_\_  
DATE: 1/14/2025

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	Connection Size	PIN										BOX					Remarks													
									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		Floater Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks						
S/N 253430 P/N 120167166	8" PWD SUB	4.30					8"															6 5/8 REG	11/16	6 1/16									7 31/64			OK	
	MR5475711																																				

Remarks: INSP AS PER D00658901 REV.V CW:STAMPED Customer Rep Signoff: \_\_\_\_\_

<b>Batch # Info.</b>	<b>Connection Inspection</b>	<b>Body Inspection</b>	<b>Body Dry M.P.I</b>	<b>Blacklight Inspection</b>			<b>Liquid Penetrant Inspection</b>
20-B Dry Powder 7-HF White Contrast 14-A	<input type="checkbox"/> Wet Flour M.P.I. <input type="checkbox"/> Dry M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> DC Current	<input type="checkbox"/> Wet Flour M.P.I. <input type="checkbox"/> Residual <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> Visible M.P.I.	<input type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____	Magnaflix Developer: SKD-S2 Batch # <u>24C07C</u>		
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 type="checkbox"/>			<b>Equipment / Inspector Information</b>				Dwell Time: <u>10</u> min White Light: <u>100</u> Magnaflix Penetrant: <input checked="" type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # <u>24B07C</u> Dwell Time: <u>20</u> min
<b>Job Information</b>				Equipment Used From Unit # <u>29</u> Qual. Date(s) MT _____ PT <u>12/1/2023</u> Level II Inspector: <u>KELTON ALFRED</u> Signature: _____ Signature guarantees final walk thru of job and job site			
B _____ V _____ KA _____ D _____ KA _____ P _____ KA _____	3rd Party Rep _____ Signature: _____						