

BOTTOM HOLE ASSURANCE, INC.



NDE Inspection Services

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
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION Clean Well
PROJECT Chevron

AUTHORIZED BY Tony Frederick
P.O. / JOB # 909356217

INVOICE NO. _____
DATE: 1/15/2025

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 Root 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
14030991	Drill Tech	6.56	23 1/4	21 1/2	3"	6 3/4	6 3/4	XTM-57	7.243.	5.841.				6.741.		Acc		XTM-57		5.932.			7.256.	0.406.	6.738.		Acc		
14030992	Drill Tech	6.56	23 1/4	21 1/2	3"	6 3/4	6 3/4	XTM-57	7.248.	5.847.				6.741.		Acc		XTM-57		5.927.			7.256.	0.403.	6.739.		Acc		
11651751	Drill Tech	6.07	20"	18 3/4	3"	6 3/4	6 3/4	XTM-57	7.242.	5.842.				6.730.		Acc		XTM-57		5.930.			7.257.	0.401.	6.728.		Acc		

Remarks: FULL BODY INSP AS PER BSD-GL-HAL-CWT-201 Rev. 15

Customer Rep Signoff: _____

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I		Blacklight Inspection			Liquid Penetrant Inspection	
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"/>	Blacklight Intensity: <u>2642</u>	Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Magnaflux Developer: SKD-S2	
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"/>					Batch # _____
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"/>	Equipment / Inspector Information				Dwell Time: _____ min
White Contrast	Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Equipment Used From Unit # <u>32</u>			White Light: _____	
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"/>			Qual. Date(s) MT <u>11/30/2021</u> PT _____			Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D	
System Effectiveness: LP-Comparitive Block <input type="checkbox"/>		Dry MP-Castrol Strip <input type="checkbox"/>		Wet MP-Castrol Strip <input checked="" type="checkbox"/>		Profile Gage RSC OK <input checked="" type="checkbox"/>					Batch # _____
Job Information						3rd Party Rep _____			Level II Inspector: <u>GAELEN ROBIN</u>		
B _____ GR _____ V _____ GR _____ D _____ P _____ GR _____						Signature: _____			Signature: _____ Signature guarantees final walk thru of job and job site		

