



# B O T T O M   H O L E   A S S U R A N C E ,   I N C .

NDE Inspection Services

No. IR 11525CWP-1

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107 Citron Drive • Youngsville, LA 70592

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

CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION CLEAN WELL	AUTHORIZED BY TONY FREDERICK		INVOICE NO.	
RIG		OCS-G & WELL NO.		PROJECT	S/O	DATE 1/15/2025	
SERIAL NO.	DESCRIPTION		OK / REJ.	SERIAL NO.	DESCRIPTION		OK / REJ.
1	4513782028117	SPLIT HALF	ACC	1	4510257992119	SPLIT HALF	ACC
2	451379852218	SPLIT HALF	ACC	2	451379052217	SPLIT HALF	ACC
3	4510035118121	SPLIT HALF	ACC	3	4512755945112	655267 BLADE	ACC
4	4513782028111	SPLIT HALF	ACC	4	451209401914	655267 BLADE	ACC
5	450780539641	SPLIT HALF	ACC	5	451209401913	655267 BLADE	ACC
6	702512	SPLIT HALF	ACC	6	451012880062	655267 BLADE	ACC
7	4513782028118	SPLIT HALF	ACC	7	4510183431314	655267 BLADE	ACC
8	450780539643	SPLIT HALF	ACC	8	4514904865211	655267 BLADE	ACC
9	4514804534110	SPLIT HALF	ACC	9	451030925748	655267 BLADE	ACC
10	451380598733	SPLIT COLLAR	ACC	10	451012880064	655267 BLADE	ACC
11	451271670219	655266 BLADE	ACC	11	45155485520102	655266 BLADE	ACC
12	45156480700105	655266 BLADE	ACC	12	45155485520103	655266 BLADE	ACC
13	45155485520109	655266 BLADE	ACC	13	45156480700118	655266 BLADE	ACC
14	45156480700112	655266 BLADE	ACC	14	45154513740110	655266 BLADE	ACC
15	45155485520105	655266 BLADE	ACC	15	45156480700102	655266 BLADE	ACC
16	45155485520106	655266 BLADE	ACC	16	45154513740112	655266 BLADE	ACC
17	45155485520117	655266 BLADE	ACC	17	45156480700107	655266 BLADE	ACC
18	451271670211	655266 BLADE	ACC	18	4515648070013	655266 BLADE	ACC
19	45155485520214	655267 BLADE	ACC	19	45148468350230	655264 BLADE	ACC
20	45155485520209	655267 BLADE	ACC	20	45129092630307	655264 BLADE	ACC
21	45155485520201	655267 BLADE	ACC	21	45129129140102	655264 BLADE	ACC
22	4514904865213	655267 BLADE	ACC	22	45148466350225	655264 BLADE	ACC
23	45103092570409	655267 BLADE	ACC	23	45148468350232	655264 BLADE	ACC
24	45154513740204	655267 BLADE	ACC	24	45147670820404	655264 BLADE	ACC
25	451275594515	655267 BLADE	ACC	25	45147139430210	655264 BLADE	ACC
26	45101334310304	655267 BLADE	ACC	26	45148468350216	655264 BLADE	ACC
27	4508535412412	SPLIT HALF	ACC	27	45131170840115	655263 BLADE	ACC
28	451378202819	SPLIT HALF	ACC	28	45147139430132	655263 BLADE	ACC
29	4507976198151	SPLIT HALF	ACC	29	45129092630108	655263 BLADE	ACC
30	451003541815	SPLIT HALF	ACC	30	45132202070803	655263 BLADE	ACC
31	450851694111	SPLIT HALF	ACC	31	45147139430125	655263 BLADE	ACC
32	451472026114	SPLIT HALF	ACC	32	45129092630107	655263 BLADE	ACC
33	450851694114	SPLIT HALF	ACC	33	45131170640117	655263 BLADE	ACC
34	451389563614	SPLIT HALF	ACC	34	451291414016	STABILIZER	ACC
35	451378202815	SPLIT HALF	ACC	35	4510085216062	STABILIZER	CRK
36	451453088713	SPLIT COLLAR	ACC	36	451310996321	STABILIZER	ACC
37	45145493320102	END STABILIZER	ACC	37	451291414018	STABILIZER	ACC
38	451130263611B	SPLIT HALF	ACC	38	451072521315	STABILIZER	ACC
39	451501341119	SPLIT HALF	ACC	39	4515042954110	STABILIZER	ACC
40	4510257992119	SPLIT HALF	ACC	40	451270733613	STABILIZER	ACC

**SUMMARY:**

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

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>
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"/>
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 checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>
14-A	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		
System Effectiveness: LP-Comparative Block <input type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input checked="" type="checkbox"/>						
Blacklight Inspection			Equipment / Inspector Information			
Blacklight Intensity: 2950    Bath Mixture: 0.25    Whitelight: 0.1			Equipment Used From Unit # 32			
Liquid Penetrant Inspection			Qual. Date(s) MT 11/30/2021    PT			
Whitelight: _____			3rd Party Rep: _____			
Magnaflux Developer: SKD-S2			Signature: _____			
Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D			Level II Inspector: GAELAN ROBIN			
Batch # _____    Batch # _____			Signature: <i>Gaelan Robin</i>			
Dwell Time: _____ min    Dwell Time: _____ min			Signature guarantees final walk thru of job and job site			
Job Information			Customer Rep Signoff: _____			
B DD    V DD    D _____    P DD						



# B O T T O M   H O L E   A S S U R A N C E ,   I N C .

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CUSTOMER HALLIBURTON ICC			3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION CLEAN WELL		AUTHORIZED BY TONY FREDERICK		INVOICE NO.		
RIG			OCS-G & WELL NO.		PROJECT		S/O		DATE 1/15/2025	
SERIAL NO.	DESCRIPTION			OK / REJ.	SERIAL NO.	DESCRIPTION			OK / REJ.	
1	450987667717	STABILIZER			ACC	1				
2	450835635822	STABILIZER			ACC	2				
3	451079414616	STABILIZER			ACC	3				
4	451270733612	STABILIZER			ACC	4				
5	451162715013	STABILIZER			ACC	5				
6	451353853511	STABILIZER			ACC	6				
7	451162715012	STABILIZER			ACC	7				
8	451566830413	SPLIT HALF			ACC	8				
9	451207152713	SPLIT HALF			ACC	9				
10	450798600412	BRUSH CARRIER			ACC	10				
11	45107371342	BRUSH CARRIER			ACC	11				
12	45088188010705	BRUSH CARRIER			ACC	12				
13	450782801814	BRUSH CARRIER			ACC	13				
14	45102067381	BRUSH CARRIER			ACC	14				
15	451329723611	BRUSH CARRIER			ACC	15				
16	45120940190112	655267 BLADE			ACC	16				
17	45155485520202	655267 BLADE			ACC	17				
18	45155485520206	655267 BLADE			ACC	18				
19	45155485520211	655267 BLADE			ACC	19				
20	451554855227	655267 BLADE			ACC	20				
21	45149048650209	655267 BLADE			ACC	21				
22	451030925741	655267 BLADE			ACC	22				
23	451172717247	655266 BLADE			ACC	23				
24	45149048650102	655266 BLADE			ACC	24				
25	45155485520113	655266 BLADE			ACC	25				
26	45079827700	655266 BLADE			ACC	26				
27	45109924870308	655266 BLADE			ACC	27				
28	45135886740109	654848 BLADE			ACC	28				
29						29				
30						30				
31						31				
32						32				
33						33				
34						34				
35						35				
36						36				
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39						39				
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**SUMMARY:**

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Batch # Info.		Connection Inspection		Body Inspection		Body Dry M.P.I	
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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"/>
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 checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>
14-A		Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		
System Effectiveness:		LP-Comparative Block <input type="checkbox"/>	Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input checked="" type="checkbox"/>			
<b>Blacklight Inspection</b>				<b>Equipment / Inspector Information</b>			
Blacklight Intensity: 4051		Bath Mixture: 0.25		Whitelight: 0.1		Equipment Used From Unit # 32	
				Qual. Date(s) MT 11/30/2021 PT			
<b>Liquid Penetrant Inspection</b>				3rd Party Rep: _____			
Whitelight: _____				Signature: _____			
Magnaflux Developer: SKD-S2		Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D		Level II Inspector: GAELEN ROBIN			
Batch # _____		Batch # _____		Signature: <i>Gaelen Robin</i>			
Dwell Time: _____ min		Dwell Time: _____ min		Signature guarantees final walk thru of job and job site			
<b>Job Information</b>				Customer Rep Signoff: _____			
B	DD	V	DD	D	_____	P	DD

