



INSPECTION CERTIFICATE FOR TOP SUB

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-001
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision L)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection												
		Pin	Box	Pin	Box	Body	Pin					Box					Body		
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)
AW742424-4 / 120570	TOP SUB	BOWEN	2 7/8 IF	Acc.	Acc.	Acc.	5"	3 1/16"	-	-	-	4 1/8"	2 9/16"	5/8"	-	-	3 1/2"	2 1/8"	11"



Conclusion: ■ 01 Top Sub was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M.Shanzad Ahmed	Review By			
Qualification:	ASNT Level III (MT)	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali
Signature:					
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00	Dated: 07 Nov 2021





INSPECTION CERTIFICATE FOR TOP SUB

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-002
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision D)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection												
		Pin	Box	Pin	Box	Body	Pin					Box					Body		
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)
AW996815-4	TOP SUB	BOWEN	2 7/8 IF	Acc.	Acc.	Acc.	5"	3 1/16"	-	-	-	4 1/8"	2 9/16"	5/8"	-	-	3 1/2"	2 1/8"	11"



Conclusion: ■ 01 Top Sub was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M.Shanzad Ahmed	Review By					
Qualification:	ASNT Level 3 (MT)	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:	
Signature:						Customer Signature:	
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00		Dated: 07 Nov 2021	





INSPECTION CERTIFICATE FOR EXTENSION SUB

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-003
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision L)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#.220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	•MPI inspection with Ultraviolet light		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection														
		Pin	Box	Pin	Box	Body	Pin					Box					Body				
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)		
AP1086571-6-4	EXTENSION SUB	BOWEN	BOWEN	Acc.	Acc.	Acc.	5"	3 5/8"	-	-	-	5"	-	-	-	-	-	-	-	-	32 1/8"



Conclusion: ■ 01 Extension Sub was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M.Shahzad Ahmed	Review By				
Qualification:	ASNT Level II (MPT-VL)	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:
Signature:						Customer Signature:
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00	Dated: 07 Nov 2021	





INSPECTION CERTIFICATE FOR 5" GUIDE

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-004
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision D)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection															
		Pin	Box	Pin	Box	Body	Pin					Box					Body					
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)			
A4412/020	5" GUIDE	BOWEN	-	Acc.	-	Acc.	5"	3 3/4"	-	-	-	-	-	-	-	-	-	-	-	-	-	9 1/2"



Conclusion: ■ 01 Guide was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M.Shahzad Ahmed	Review By					
Qualification:		Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:	
Signature:						Customer Signature:	
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00		Dated: 07 Nov 2021	





INSPECTION CERTIFICATE FOR 8" GUIDE

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-005
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision L)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection															
		Pin	Box	Pin	Box	Body	Pin					Box					Body					
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)			
AP891848-7-4	8" GUIDE	BOWEN	-	Acc.	-	Acc.	5"	3 3/4"	-	-	-	-	-	-	-	-	-	-	-	-	-	9 1/2"



Conclusion: ■ 01 Guide was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M.Shanzad Ahmed	Review By			
Qualification:	ASNT Level II (MT)	Senior Inspector: NAVEED HUSSAIN	Supervisor: Hani Ali	Customer Name:	
Signature:				Customer Signature:	
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00 Dated: 07 Nov 2021	





INSPECTION CERTIFICATE FOR DRAIN SUB

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-006
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision D)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection												
		Pin	Box	Pin	Box	Body	Pin					Box					Body		
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)
PO-2897	DRAIN SUB	3 1/2 IF	3 1/2 IF	Acc.	Acc.	Acc.	4 3/4"	2 1/2"	3/8"	3 15/16"	4 9/16"	4 3/4"	4 1/16"	5/8"	-	-	4 9/16"	-	18 1/8"



Conclusion: ■ 01 Drain Sub was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M. Shahzad Ahmed	Review By			
Qualification:	ASNT Level 1 NDE (VT)	Senior Inspector: NAVEED HUSSAIN	Supervisor: Hani Ali	Customer Name:	
Signature:				Customer Signature:	
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00 Dated: 07 Nov 2021	





INSPECTION CERTIFICATE FOR CIRCULATION SUB

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-007
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision D)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection												
		Pin	Box	Pin	Box	Body	Pin					Box					Body		
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)
21223	CIRCULATION SUB	4 1/2 IF	4 1/2 IF	Acc.	Acc.	Acc.	6 1/4"	3 1/2"	7/16"	4 7/16"	6"	6 1/4"	5 5/16"	5/8"	-	-	6"	-	10 1/2"



Conclusion: ■ 01 Circulation Sub was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M. Shanzad Ahmed	Review By				
Qualification:		Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	
Signature:		Customer Name:				
		Customer Signature:				

Original - Client Files Copy - Area Office QC/FN/FLS/03 Rev.00 Dated: 07 Nov 2021





INSPECTION CERTIFICATE FOR X-OVER

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-008
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision D)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection												
		Pin	Box	Pin	Box	Body	Pin					Box					Body		
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)
WO-33460-2	X-OVER	2 7/8 IF	3 1/2 IF	Acc.	Acc.	Acc.	5"	1 7/8"	7/16"	3 7/16"	4 1/8"	5"	4 1/16"	5/8"	-	-	4 11/16"	-	14 5/8"



Conclusion: ■ 01 X-Over was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness
Colors Code:	White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M.Shanzad Ahmed	Review By				
Qualification:	ASNT Level 1 (MT) I, V, T	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:
Signature:						Customer Signature:
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00	Dated: 07 Nov 2021	





INSPECTION CERTIFICATE FOR X-OVER

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-009
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision D)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#.220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection												
		Pin	Box	Pin	Box	Body	Pin					Box					Body		
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)
1712964-2	X-OVER	3 1/2 IF	4 1/2 IF	Acc.	Acc.	Acc.	6 1/8"	2 11/16"	7/16"	4"	5"	6 1/8"	5 5/16"	5/8"	-	-	5 7/8"	-	7 9/16"



Conclusion: ■ 01 X-Over was found "Acceptable" At time of Inspection Ready For Use.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M. Shanzad Ahmed	Review By				
Qualification:	ASNT Level 1 MPI (Visual)	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:
Signature:						Customer Signature:
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00	Dated: 07 Nov 2021	





INSPECTION CERTIFICATE FOR X-OVER

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-010
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision L)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection												
		Pin	Box	Pin	Box	Body	Pin					Box					Body		
							OD(In)	ID(In)	Neck ϖ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)
HAH-18537-3-12	X-OVER	3 1/2 IF	4 1/2 IF	Pitted & Damage	Pitted & Damage	Acc.	6 5/8"	2 7/16"	7/16"	4"	4 15/16"	6 5/8"	5 5/16"	5/8"	-	-	6 1/8"	-	12"

Conclusion: X-Over was found "Un-Acceptable" Seal Damage & Thread pitted From Pin And Box Connection Rejected.

Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M Shahzad Ahmed	Review By				
Qualification:	ASNT Level III CP, HT, VT	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:
Signature:						Customer Signature:
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00	Dated: 07 Nov 2021	



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DEFECTIVE PHOTOS INSPECTION REPORT





INSPECTION CERTIFICATE FOR 8" GUIDE

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-011
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision L)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	<ul style="list-style-type: none"> •MPI inspection with Ultraviolet light 		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection															
		Pin	Box	Pin	Box	Body	Pin					Box					Body					
							OD(In)	ID(In)	Neck ϕ(In)	Pin λ(In)	Bevel ϕ(In)	OD(In)	CB ϕ(In)	CB δ(In)	BB ϕ(In)	BB δ(In)	Bevel ϕ(In)	Body ID(In)	Overall λ (In)			
AP910650-22-1	8" GUIDE	BOWEN	-	Acc.	-	Damage	5"	3 3/4"	-	-	-	-	-	-	-	-	-	-	-	-	-	9 1/2"

Conclusion:	■ 01 Guide was found Un-Acceptable Internal Body Damage Rejected.
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Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
ϕ Diameter	λ Length	ϖ Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M. Shanzad Ahmed	Review By				
Qualification:	ASNT Level 2 (MT) L-1772	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:
Signature:						Customer Signature:
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00	Dated: 07 Nov 2021	



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DEFECTIVE PHOTOS INSPECTION REPORT





INSPECTION CERTIFICATE FOR BOWL SUB

Client Name:	HALLIBURTON (WPS)	Report No.:	HAL-24-03-MS-WPS-012
Acceptance criteria:	DS-1 Volume 4 Fifth Edition	Date of Inspection:	29.MARCH.2024
Work Location:	Burjesia Halliburton Camp Basra - Iraq	Halliburton Doc. (Visual Procedure D00305796 Revision U)	
Halliburton Doc. (Dimensional Procedure D00301932 Revision L)		Halliburton Doc. (MPI Procedure D00976850 Revision D)	
TEST EQUIPMENT & CONSUMABLE DETAILS			
WHITE CONTRAST WCP-2	Batch #: 220602 Manufacture: Magnaflux Exp Date: JUN,2025	TECHNICAL DETAILS	Wet Visible Continuous
BLACK INK 7HF	Batch#: 220605 Manufacture: Magnaflux Exp Date: JULY.2025	COIL(1200 AMP-TURNS/IN	SR#22650 Cal.13.FEB.2024 Cal Due 12.AUG.2024
FLUORESCENT 14HF	Batch #: 220306 Manufacture: Magnaflux Exp Date: March.2025	A.C HAND YOKE	SR#201504052 Cal.13.FEB.2024 Cal Due 12.AUG.2024
INTENSITY METER	SR#R.043943 Cal.13.FEB.2024 Cal Due 12.AUG.2024	UV BLACK LIGHT	SR#1898977 Cal.13.FEB.2024 Cal Due 12.AUG.2024
LEAD GAGE	SR#AH07KF0027 GAEMAKER LG-5003 Cal.13.FEB.2024 Cal Due 12.AUG.2024	THREAD PROFILE GAGE	SR#21336 CAL.Date. Cal.13.FEB.2024 Cal Due 12.AUG.2024 SR#21335 CAL.Date. Cal.15.FEB.2024 Cal Due 14.AUG.2024
Magnetic Partical Concentration 7 HF	1.2 TO 2.4 ML/100 ML	UV LIGHT INTENSITY:	3120 μw/cm ²
Magnetic particle concentration flourcent 14 HF	0.1 TO 0.4 ML/100 ML	WMPT Light Intensity:	3620 Lux
MAGNITISUM DIRECTION (LONGITUDENAL)			
METHODOLOGY:	<ul style="list-style-type: none"> • Through Visual inspection • Dimensional Inspection 		
	•MPI inspection with Ultraviolet light		

Serial No.	Description	Connection		Result Inspection			Dimensional Inspection													
		Pin	Box	Pin	Box	Body	Box					Box					Body			
							OD(In)	CB φ(In)	CB δ(In)	BB φ(In)	BB δ(In)	OD(In)	CB φ(In)	CB δ(In)	BB φ(In)	BB δ(In)	Bevel φ(In)	Body ID(In)	Overall λ (In)	
AW749056-2	BOWL SUB	BOWEN	BOWEN	Acc.	Acc.	Damage	4 15/16"	-	-	-	-	4 15/16"	-	-	-	-	-	-	-	15 1/4"

Conclusion:	■ BOWL SUB was found Un-Acceptable Internal Body Damage Rejected.
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Abbreviations :

OD Outside Diameter	ID Inside Diameter	SRG Stress Relief Groove	CB Counter Bore	BB Bore Back	FB Float Bore	
φ Diameter	λ Length	ω Width	δ Depth	NP. Not Present	NA. Not Applicable	
EGR Elevator Groove Recess	SGR Slip Groove Recess	CR Crack	B Bent	PC Premium Class	RF Reface	
GT Galled Thread	TP Thread Pitting	SP Seal Pitting	TD Thread Damage	SD Seal Damage	M Mashed	
1 100 % Coating	2 99-71 % Coating	3 70-40 % Coating	4 Up to 40 %	5 Nil	WT Wall Thickness	
Colors Code:		White No Defects	Red Crack or Extreme Damage.	Blue Damage	Green Seal Damage	Yellow ACFM

Inspector Name:	M.Shahzad Ahmed	Review By				
Qualification:	ASNT Level II (MS - E-175)	Senior Inspector:	NAVEED HUSSAIN	Supervisor:	Hani Ali	Customer Name:
Signature:						Customer Signature:
Original - Client Files		Copy - Area Office		QC/FN/FLS/03 Rev.00	Dated: 07 Nov 2021	



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DEFECTIVE PHOTOS INSPECTION REPORT



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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-001		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
FT19	1	<p>KNUCKLE/ SWIVEL</p> 	10000 LBS	12000 LBS	N/A	23/10/2023	
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420						
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE							
Is the above a defect which is of immediate danger to persons:						YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	ASHRAF ELSAID		Name of person authenticating this report:	AIZAZ FARHAT		Signature & Stamp:	
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-002		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
FT 07	1	<p align="center"><u>BOTTOM SUB</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023	
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420						
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE							
Is the above a defect which is of immediate danger to persons:						YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:				
ASHRAF ELSAID	AIZAZ FARHAT						
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED**

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-003	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
AW1915675-1	1	<u>ROPE SOCKET ASSEMBLY</u> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-004	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
FT 10	1	<p align="center"><u>BOTTOM SUB</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-005	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
AW1739780-1	1	<p><u>OVERSHOT ASSEMBLY</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-006	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
H12	1	<p align="center"><u>SPEAR HEAD</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-007	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
FT 27	1	<p>TOP SUB</p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-008	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
FT 25	1	<p>TOP SUB</p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-009		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
A01	1	<p>KNUCKLE/ SWIVEL</p> 	10000 LBS	12000 LBS	N/A	23/10/2023	
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420						
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE							
Is the above a defect which is of immediate danger to persons:						YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	ASHRAF ELSAID		Name of person authenticating this report:	AIZAZ FARHAT		Signature & Stamp:	
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-010	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
A02	1	<p>KNUCKLE/ SWIVEL</p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-011		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
A46	1	<p><u>ROPE SOCKET ADAPTOR</u></p> 	10,000 LBS	12,000 LBS	N/A	23/10/2023	
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420						
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE							
Is the above a defect which is of immediate danger to persons:						YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	ASHRAF ELSAID		Name of person authenticating this report:	AIZAZ FARHAT		Signature & Stamp:	
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-012	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
A44	1	<p><u>ROPE SOCKET ASSEMBLY</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-013	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
AW1670628-1	1	<p><u>Overshot Assembly</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES		NO	v	Was the examination carried out: Within an interval of 6 months? YES v NO
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO		With an interval of 12 months? YES v NO v
						In accordance with an examination scheme? YES v NO
						After the occurrence of exceptional circumstances? YES NO v
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES	NO v
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	v NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-014	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
AW4059434-3	1	<p align="center">SWIVEL JOINT</p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>	With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			In accordance with an examination scheme?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-015	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
A45	1	<p><u>ROPE SOCKET ASSEMBLY</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-016	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
FT 18	1	<u>KNUCKLE/ SWIVEL</u> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

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Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-017	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
RP1	1	<p><u>ROPE SOCKET ASSEMBLY</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	v	Was the examination carried out: Within an interval of 6 months? YES v NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO		With an interval of 12 months? YES v NO	
					In accordance with an examination scheme? YES v NO	
					After the occurrence of exceptional circumstances? YES v NO	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES	NO v
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	NO v
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-018	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
RP2	1	<p><u>ROPE SOCKET ASSEMBLY</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-019	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
AW2067883-1	1	<p><u>OVERSHOT ASSEMBLY</u></p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES		NO	v	Was the examination carried out: Within an interval of 6 months? YES v NO Within an interval of 12 months? YES NO v In accordance with an examination scheme? YES v NO After the occurrence of exceptional circumstances? YES NO v
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO		
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES	NO v
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	v NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-020		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
AP998110-5-5	1	<p>BODY 1-11/16"</p> 	10000 LBS	12000 LBS	N/A	23/10/2023	
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420						
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE							
Is the above a defect which is of immediate danger to persons:						YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	ASHRAF ELSAID		Name of person authenticating this report:	AIZAZ FARHAT		Signature & Stamp:	
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

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This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-021		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
AW4059434-2	1	<p align="center">SWIVEL JOINT</p> 	10000 LBS	12000 LBS	N/A	23/10/2023	
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420						
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE							
Is the above a defect which is of immediate danger to persons:						YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:				
ASHRAF ELSAID	AIZAZ FARHAT						
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



**AI TAKAMUL COMPANY FOR ENGINEERING TESTS
AND PROFESSIONAL SAFETY LIMITED**

Basra, North Rumaila, Quality Control Yard - Iraq




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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-022	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
22	1	<p>TOP SUB</p> 	10000 LBS	12000 LBS	N/A	23/10/2023
Reference Standard:		Tested According To Halliburton Document: ST-GL-HAL-HSE-0420				
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-023		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
23	1	<p>TOP SUB</p> 	10000 LBS	12000 LBS	N/A	23/10/2023	
Reference Standard:		Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out: Within an interval of 6 months?		YES	NO
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	With an interval of 12 months?		YES	NO
				In accordance with an examination scheme?		YES	NO
				After the occurrence of exceptional circumstances?		YES	NO
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) NONE							
Is the above a defect which is of immediate danger to persons:						YES	NO
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)						N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	NO
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:				
ASHRAF ELSAID	AIZAZ FARHAT						
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-024	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
A741318-5	1	<p>T-CLAMP</p> 	20000 LBS	40000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A		
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-025	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
FT32	1	<p><u>ROPE SOCKET ASSEMBLY</u></p> 	10,000 LBS	12,000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

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Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-026	
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324	
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION
XP-2464809-07-3	1	<p><u>1-11/16" SINKER BAR</u></p> 	10,000 LBS	12,000 LBS	N/A	23/10/2023
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420					
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE						
Is the above a defect which is of immediate danger to persons:					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A	
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory						
IS THIS EQUIPMENT SAFE TO OPERATE?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	Name of person authenticating this report:		Signature & Stamp:			
ASHRAF ELSAID	AIZAZ FARHAT					
Date of Next Through Examination:	28/09/2024					

REV: 01 Dated: 20 June 2022

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CERTIFICATE OF THOROUGH EXAMINATION & PROOF LOAD TEST

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-027			
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324			
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION		
WB-022	1	<p><u>SINKER BAR 1-11/16"</u></p> 	10,000 LBS	12,000 LBS	N/A	23/10/2023		
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420							
Is this the first examination after Installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE								
Is the above a defect which is of immediate danger to persons:					YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					N/A			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:								
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory								
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
Name of Inspector:	ASHRAF ELSAID		Name of person authenticating this report:	AIZAZ FARHAT		Signature & Stamp:		
Date of Next Through Examination:	28/09/2024							

REV: 01 Dated: 20 June 2022

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This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Date of Examination:	29/03/2024	Date of Report:	29/03/2024	Certificate No:	QC-24/HAL-2903-028		
Client Name:	HALLIBURTON WPS	Location:	TEST AREA	Job Number:	290324		
SERIAL NUMBER:	QTY	DESCRIPTION	SWL	PROOF LOAD TEST	DATE OF MANUFACTURE IF KNOWN:	DATE OF LAST THOROUGH EXAMINATION	
Part: 015 Part: AW767152-7 Part: AW767152-8	1	<u>PULLER ADAPTOR</u> 	18 TON	36 TON	N/A	23/10/2023	
Reference Standard:	Tested According To Halliburton Document: ST-GL-HAL-HSE-0420						
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE)		NONE				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Is the above a defect which is of immediate danger to persons:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)		N/A					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:							
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually, dimensionally & load tested where no signs of defects were observed at the time of inspection and found satisfactory							
IS THIS EQUIPMENT SAFE TO OPERATE?						YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name of Inspector:	ASHRAF ELSAID		Name of person authenticating this report:	AIZAZ FARHAT		Signature & Stamp:	
Date of Next Through Examination:	28/09/2024						

REV: 01 Dated: 20 June 2022

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Basra, North Rumaila, Quality Control Yard - Iraq

CERTIFICATION OF VISUAL, THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION

Client:	HALLIBURTON WPS	Report No:	QC-24/HALL-2903/29
Location:	TEST AREA	Job Number:	290324
Date:	29.MARCH.2024	Next Inspection Date:	28.SEPT.2024
Type Of Inspection:	VISUAL , THOROUGH EXAMINATION & MAGNETIC PARTICLE INSPECTION	Specification: HALL DOC:	ASTM E709 & ASTM E 1444 (2016) ASME V Article 7 (2019)
	UNIT DESCRIPTION:	BUSHING BILLAR	
	UNIT S/N:	CB-212	
	INSPECTION RESULT :		
	VISUAL , THOROUGH EXAMINATION	Unit fully inspected and found free from deforms, cracks, corrosion & mechanical damage	
	MAGNETIC PARTICLE INSPECTION	Welds & forgn areas inspected and found free from cracks and other defects	
	FINAL RESULTS	Unit found satisfactory and free of defects at the time of inspection	
COMMENT:			
VISUAL MAGNETIC PARTICAL INSPECTION DONE & FOUND FIT FOR USE			

EQUIPMENT DETAILS						PERSON DETAILS		REVIEW BY		
Equipment:	AC-Yoke Test Block	Equipment:	Digital Lux Meter	Equipment:	AC/DC Yoke	INSPECTOR NAME: ASHRAF ELSAID		SENIOR INSPECTOR:	AIZAZ FARHAT	
S.No:	1657	S.No:	2722003	S.No:	201504052			QUALIFICATION ASNT LEVEL II MT & PT & VT	SUPERVISOR:	HANI ALI
Cal Due Date:	12-Aug-24	Cal Due Date:	14-Aug-24	Cal Due Date:	12-Aug-24			STAMP & SIGNATURE:	CLIENT:	
Black Magnetic Ink Manufacture:	Magnaflux	Batch No:	220605	Expiry Date:	JULY.2025					
Whie Contrast Paint Manufacture:	Magnaflux	Batch No:	220602	Expiry Date:	JUN,2025					
Technical Details:	Magnetic Partical Concentration		Method		WMPT Light Intensity					
	1.2 to 2.4 ml/100 ml		Wet Magnetic Particle Testing (WMPT)		3560 Lux					
Original - Client Files		Copy - Area Office		QC/FN/MPI/065 Rev.00 DATED 07 Nov 2021						