



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR 51322TT-8

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


Office: (337) 857-8994 Fax: (337) 857-8964

CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION TEST TOOLS	AUTHORIZED BY BOBBY CHOATE		INVOICE NO.		
RIG		OCS-G & WELL NO.		PROJECT BP	P.O. NO. / JOB NO. 907695892	DATE 5/13/2022		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ# 10255364	8 5/8" - 13 3/8" RTTS SAFETY JOINT						
2	KM1736007-01	TOP COUPLING-ACC		INT x INT - ACC				
3		SAP# 100064925						
4	MY2700490-1	MANDREL-ACC		INT - ACC	5 1/4" CAS	3 3/4	6 1/8	0.90
5		SAP# 100070268						
6	1836076-2	NUT-ACC		INT - ACC				
7		SAP# 100070269						
8	1774775-1	CASE-ACC			INT x INT - ACC			
9		SAP# 100070251						
10	AHY147097-4	CONNECTOR-ACC		INT x INT - ACC				
11		SAP# 100070252						
12	MY2624583-1	LOWER ADAPTER-ACC		NC 50 - ACC	INT - ACC	3 3/4	6 1/8	0.96
13		SAP# 100070247						
14	3536856-3	CAS TOP ADAPTER-ACC						
15		SAP# 1000702255						
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SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 5

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>
Dry Powder	Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>
7-HF	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>
White Contrast	Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>
14-A	Trans. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		

System Effectiveness: LP-Comparitive Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>4453</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u> Qual. Date(s) MT <u>7/21/2019</u> PT <u>9/21/2021</u>
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: RIDGE ALBERT Signature: 
Job Information B _____ RA _____ V _____ RA _____ D _____ P _____ RA _____	Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>

