



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922B5

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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CUSTOMER HALLIBURTON 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION SPERRY DRILLING
PROJECT _____

AUTHORIZED BY EDDIE FAUCHEUX
P.O. / JOB # CC#: 1016910157

INVOICE NO. _____
DATE: 5/19/2022

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN										BOX						Remarks							
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Rel. Width	Pin Neck Lgth	Bevel Diameter	BSR	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgth		Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	BSR	OK or Reject	Remarks
SN:12378796 PN: 327217	4 3/4" X-OVER	2.71			2 5/8	4 11/16	4 11/16	NC38	4 1/16						5/16	4 9/16		Rej	DAMAGED THREADS	NC38	5/8	4 1/16						4 9/16		OK	
SN: 13089163 PN: 120168210	4 3/4" X-OVER	2.90			2 5/8	4 11/16	4 11/16	NC38	4						3/8	4 9/16		OK		NC38	5/8	4 1/16						4 9/16		OK	
SN: 13089159 PN: 120168210	4 3/4" X-OVER	2.90			2 5/8	4 3/4	4 3/4	NC38	3 15/16						5/16	4 19/32		OK		NC38	5/8	4 1/16						4 19/32		OK	

Remarks: INSPECTED PER D00685901 REV. T ALL API CONNECTIONS MARKED CW UNLESS OTHERWISE NOTED

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I		Blacklight Inspection			Liquid Penetrant Inspection			
20-B Dry Powder 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Blacklight Intensity: _____	Bath Mixture: _____	Whitelight: _____	Magnaflex Developer: SKD-S2 Batch # <u>22A07C</u>			
	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Equipment / Inspector Information					Dwell Time: <u>10</u> min	
	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>						Equipment Used From Unit # <u>14</u>	Qual. Date(s) MT _____ PT <u>11/11/2019</u>
	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Level II Inspector: <u>DUSTIN KNIGHT</u>					Batch # <u>22B056</u>	
	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Signature: <u>Dustin Knight</u>					Dwell Time: <u>20</u> min	
System Effectiveness: LP-Comparative Block <input checked="" type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>						3rd Party Rep _____						Signature guarantees final walk thru of job and job site	
Job Information													
B _____ V _____ D _____ P _____													
Signature: _____													