



BOTTOM HOLE ASSURANCE, INC.

No. DIR 61422B4

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 # 907517948

INVOICE NO. _____
DATE: 6/14/2022

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	B S R	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgth		Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject
SN: 12113032 PN: 120167753	4 3/4" DM HANG OFF CLR	8.98			2 5/8	4 3/4	4 3/4	NC38	3 7/8						3/8	4 9/16		OK		NC38	43/64	4 3/32					4 9/16		OK	
SN: 13094431 PN: 101330431	4 3/4" ILS SUB	5.18	19		2 5/8	4 11/16	4 3/4	NC38	3 15/16						5/16	4 11/16	2.112	OK		NC38	5/8	4 1/16					4 21/32	2.240	OK	*N1
								ACME										OK												
SN: 13081049 PN: 101347066	6.500" STAB SLEEVE							Blades										OK		ACME									OK	

Remarks: INSPECTED PER D00685901 REV. T - *N1 - 1 TRANSITION AREA INSPECTED

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"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ Equipment / Inspector Information Equipment Used From Unit # <u>14</u> Qual. Date(s) MT _____ PT <u>6/6/2022</u> Level II Inspector: <u>Doug Perez</u> Signature: <u>Doug Perez</u> Signature guarantees final walk thru of job and job site	Magnaflux Developer: SKD-S2 Batch # <u>22A07C</u> Dwell Time: <u>10</u> min White Light: <u>100+</u> Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>22B056</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: _____		
Job Information						
B _____ V _____ D _____ P _____						