

BOTTOM HOLE ASSURANCE, INC.

No. DIR 61422B5



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 # 1016910157

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	Remarks
SN: 12257313 PN: 101452437	4 3/4" PWD	4.87			N/A	4 3/4	4 3/4	NC38	N/A						3/8	4 19/32		OK		NC38	5/8	4 1/16						4 19/32		OK	
SN: 11625141 PN: 120168210	4 3/4" X-OVER	2.85	FL	FL	2 5/8	4 11/16		NC38	3 15/16						1/4	4 9/16		OK		NC 38	5/8	4 1/16						4 9/16		OK	

Remarks: INSPECTED PER D00685901 REV. T

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 Used From Unit # <u>14</u> Qual. Date(s) MT _____ PT <u>6/6/2022</u>	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"/>				Equipment / Inspector Information									
3rd Party Rep _____ Signature: _____				Level II Inspector: <u>Doug Perez</u> Signature: <u>Doug Perez</u> <small>Signature guarantees final walk thru of job and job site</small>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Job Information</th> </tr> <tr> <td>B _____</td> <td>V _____</td> <td>D _____</td> <td>P _____</td> </tr> </table>						Job Information				B _____	V _____	D _____	P _____
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B _____	V _____	D _____	P _____										