



BOTTOM HOLE ASSURANCE, INC.

*Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection*

No. IR **62922TT-3**

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CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION TEST TOOLS		AUTHORIZED BY BOBBY CHOATE		INVOICE NO.		
RIG		OCS-G & WELL NO.			PROJECT IN HOUSE	P.O. NO. / JOB NO. 1017510022		DATE 6/29/2022	
SERIAL NO.	DESCRIPTION			PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ#10384797	5" FAS FIL							
2	BAC1828925-01	ADAPTER - ACC				3 7/8" CAS - ACC	2 1/4	5	0.90
3		SAP# 100065595							
4	B3371602	SHEAR CASE - ACC				INT x INT - ACC			
5		SAP# 101236683							
6	C3219861-4	SEALING MANDREL - ACC			INT - ACC				
7		SAP# 100065585							
8	D210779-4	SHEAR SET SLEEVE - ACC							
9		SAP# 100065587							
10	H/T# 28631 DMI-02	SHEAR PIN COVER - ACC							
11		SAP# 100065783							
12	BAC1880157-1	PRESSURE HOUSING - ACC			INT - ACC	INT - ACC			
13		SAP# 100065594							
14	C3662024-4	NIPPLE - ACC			3 7/8" CAS - ACC		2 3/4	5"	0.96
15		SAP# 101211418							
16	BAC19449023-3	STINGER- ACC				INT - ACC			
17		SAP# 102239102							
18	B3287353-2	SHEAR MANDREL - ACC				INT - ACC			
19		SAP# 100065590							
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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>4297</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 guarantees final walk thru of job and job site