



# BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

No. IR **62222CWP-1**

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 CLEAN WELL		AUTHORIZED BY TONY FREDRICK		INVOICE NO.	
RIG			OCS-G & WELL NO.		PROJECT		P.O. NO. / JOB NO.		DATE 6/22/2022
SERIAL NO.	DESCRIPTION		ACC / REJ.		SERIAL NO.	DESCRIPTION		ACC / REJ.	
1	45116798850201	JET TECH SLEEVE	ACC		41				
2	4509304961	BRUSH CARRIER	ACC		42				
3	45101220870105	BRUSH CARRIER	ACC		43				
4	12513801	BRUSH CARRIER	ACC		44				
5	11548523	BRUSH CARRIER	ACC		45				
6	45103895230104	END STABILIZER	ACC		46				
7	45100791730102	END STABILIZER	ACC		47				
8	45107371395	MID STABILIZER	ACC		48				
9	11543326	SPLIT HALF	ACC		49				
10	45080019590140	SPLIT HALF	ACC		50				
11	451067958712	SPLIT HALF	ACC		51				
12	450869045025	SPLIT HALF	ACC		52				
13	68730113	SPLIT HALF	ACC		53				
14	11543325	SPLIT HALF	ACC		54				
15	45137953500105	SPLIT HALF	ACC		55				
16	4508001950141	SPLIT HALF	ACC		56				
17	45079860300512	SPLIT HALF	ACC		57				
18	45079860300528	SPLIT HALF	ACC		58				
19	451036471250114	SPLIT HALF	ACC		59				
20	45079860300544	SPLIT HALF	ACC		60				
21	45103647120104	SPLIT HALF	ACC		61				
22	4509618128	END STABILIZER	ACC		62				
23	45100791730101	END STABILIZER	ACC		63				
24	45103699141	BRUSH CARRIER	ACC		64				
25	45102067381	BRUSH CARRIER	ACC		65				
26	45102067381	BRUSH CARRIER	ACC		66				
27	4509796501	BRUSH CARRIER	ACC		67				
28	68730202	MID STABILIZER	ACC		68				
29					69				
30					70				
31					71				
32					72				
33					73				
34					74				
35					75				
36					76				
37					77				
38					78				
39					79				
40					80				

**SUMMARY:** FULL BODY INSP AS PER BSD-GL-HAL-CWT-201

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	Wet Flour. M.P.I. <input 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 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 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 type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		

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

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>4649</u> Bath Mixture: <u>0.30</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>32</u> Qual. Date(s) MT <u>11/30/2021</u> PT _____
<b>Liquid Penetrant Inspection</b> 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: GAELLEN ROBIN Signature:
<b>Job Information</b> B _____ GR _____ V _____ GR _____ D _____ P _____ BP _____	Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>