



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR **62322CWP-1**

Email: BHAInc@bottomholeassurance.com
109 Citron Drive • Youngsville, LA 70592

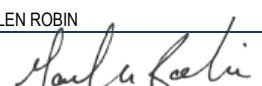
Office: (337) 857-8994 Fax: (337) 857-8964

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 6/23/2022
SERIAL NO.	DESCRIPTION	ACC / REJ.	SERIAL NO.	DESCRIPTION	ACC / REJ.				
1	11544248	SPLIT COLLAR	ACC	41					
2	40508400	SPLIT COLLAR	ACC	42					
3	42012134320304	SPLIT COLLAR	ACC	43					
4	10294284513	FIS	ACC	44					
5	11651786	SPLIT HALF	ACC	45					
6	450908388651	SPLIT HALF	ACC	46					
7	4514524715	SPRING CARTRIDGE	ACC	47					
8	451357737724	SPRING CARTRIDGE	ACC	48					
9	102942853	FIS RING	ACC	49					
10				50					
11				51					
12				52					
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14				54					
15				55					
16				56					
17				57					
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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-Comparitive Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>6576</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 _____
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: GAELLEN ROBIN Signature: 
Job Information B _____ GR _____ V _____ GR _____ D _____ P _____ BP _____	Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>