

BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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CUSTOMER HALLIBURTON ICC 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION SERVICE TOOLS
PROJECT BP

AUTHORIZED BY DERRICK ROBIN
P.O. / JOB # 907909992

INVOICE NO. _____
DATE: 6/27/2022

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN						BOX						OK or Reject	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	
EQ# 12850236 EQ# 12714148	X-OVER X FASFIL ASSY	5.65	-	-	2 1/4	5	5	NC 38	4					3/16	4 7/8		Acc	CONN. ONLY	3 7/8 CAS										Acc	CONN. ONLY	
EQ# 12818930	X-OVER	3.37	-	-	2 1/4	5	5	3 7/8 CAS									Acc	CONN. ONLY	NC 38	11/16	4 1/16						4 7/8		Acc	CONN. ONLY	

Remarks: CONNECTION INSP. AS PER WM-GL-HAL-HCT-900 REV. 0 (CONNECTION INSPECTION ONLY)

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I.	Blacklight Inspection	Liquid Penetrant Inspection
20-B 20B065 Dry Powder 7-HF White Contrast 14-A	Wet Flour, M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour, M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <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"/> Continuous <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: 8700 Bath Mixture: 0.30 Whitelight: 0.1 Equipment Used From Unit # 23 Qual. Date(s) MT 4/26/2019 PT 4/26/2019	Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Dwell Time: _____ min
System Effectiveness: LP-Comparative Block <input type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input checked="" type="checkbox"/> Profile Gage RSC OK <input type="checkbox"/>	3rd Party Rep _____		Level II Inspector: BRANSON THERIOT	Signature: <i>Branson Theriot</i> Signature guarantees final walk thru of job and job site	
Job Information B _____ BT _____ V _____ BT _____ D _____ P _____ BT _____					

REVIEWED
By David Patin at 7:30 am, Jul 01, 2022