



BOTTOM HOLE ASSURANCE, INC.

No. DIR 62822ST-1

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 KOSMOS

AUTHORIZED BY DERRICK ROBIN
P.O. / JOB # 907664162

INVOICE NO. _____
DATE: 6/28/2022

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	PIN										BOX										Remarks						
					Pin I.D.	Pin O.D.	Box O.D.	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		Counter Bore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks	
EQ# 12817233 SO812017-6	PORTED SUB SAP# 102192862	3.14	-	-	2 1/4	5	5	NC 38	4						3/8	4 9/16		Acc		NC 38	5/8	4 1/16					4 9/16		Acc		
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> 040 DATE <u>6/28</u> </div>																															

Remarks: FULL BODY INSP. AS PER WM-GL-HAL-HCT-900 REV. 0

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

REVIEWED
By David Patin at 7:43 am, Jun 29, 2022