

BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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

FACILITY / LOCATION **SPERRY DRILLING**
PROJECT _____

AUTHORIZED BY **EDDIE FAUCHEUX**
P.O. / JOB # **907340894**

INVOICE NO. _____
DATE: **7/13/2022**

| Serial # | Tool Description | Overall Length | Fishing Neck Length | Tong Space | Pin I.D. | Pin O.D. | Box O.D. | PIN | | | | | | | BOX | | | | | | | Remarks | | | | | | |
|-------------------------------|-------------------|----------------|---------------------|------------|----------|----------|----------|-----------------|------------|-----------------------|-------------------|---------------------|----------------|---------------|----------------|-----|--------------|---------|-----------------|---------------------|-----------------------|---------|--------------------------------|--------------------------------|-------------------|----------------------------|----------------|-----|
| | | | | | | | | Connection Size | Pin Length | Pin Cylinder Diameter | Pin Nose Diameter | Pin Relief Diameter | Pin Rel. Width | Pin Neck Lgth | Bevel Diameter | BSR | 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 | BSR |
| SN: 11717179 PN: 120164044 | 8" CIM SUB | 5.31 | | | N/A | 7 15/16 | 7 15/16 | 6 5/8 REG | 4 15/16 | | | | | 7/16 | 7 1/2 | | OK | | 6 5/8 REG | 21/32 | 6 1/16 | | | | | 7 1/2 | OK | |
| SN: CP1580679 PN: 289979 | 8" CONVERSION SUB | 2.01 | FL | FL | N/A | | 8 | | | | | | | | | | | | 6 5/8 REG | 5/8 | 6 1/16 | | | | | 7 17/32 | OK | |
| | | | | | | | 8 | | | | | | | | | | | | 6 5/8 REG | 5/8 | 6 1/16 | | | | | 7 1/2 | OK | |

Remarks: INSPECTED PER D00685901 REV. T

| Batch # Info. | Connection Inspection | | Body Inspection | | Body Dry M.P.I. | | Blacklight Inspection | | | Liquid Penetrant Inspection | |
|--|--|---|--|---|---------------------------------------|---|---------------------------------------|---|--|---|-----------------------|
| 20-B Dry Powder 7-HF White Contrast 14-A | Wet Flour. M.P.I. <input type="checkbox"/> | Dry M.P.I. <input type="checkbox"/> | Wet Flour. M.P.I. <input type="checkbox"/> | Residual <input type="checkbox"/> | Dry M.P.I. <input type="checkbox"/> | Residual <input type="checkbox"/> | Blacklight Intensity: _____ | Bath Mixture: _____ | Whitelight: _____ | Magnaflux Developer: SKD-S2 | Batch # 22A07C |
| | Vis. Liq. Pen. <input checked="" type="checkbox"/> | Residual <input type="checkbox"/> | Vis. Liq. Pen. <input checked="" type="checkbox"/> | Continuous <input type="checkbox"/> | Long. Insp. <input type="checkbox"/> | Continuous <input type="checkbox"/> | Equipment / Inspector Information | | | Dwell Time: <u>10</u> min | |
| | 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"/> | Equipment Used From Unit # <u>14</u> | Qual. Date(s) MT _____ PT <u>6/6/2022</u> | | White Light: <u>100+</u> | |
| | Long. Insp. <input type="checkbox"/> | AC Current <input type="checkbox"/> | Long. Insp. <input type="checkbox"/> | DC Current <input type="checkbox"/> | DC Current <input type="checkbox"/> | DC Current <input type="checkbox"/> | Level II Inspector: <u>Doug Perez</u> | | Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 | (Check one) <input type="checkbox"/> ZL-60D | Batch # 22B056 |
| | Trans. Insp. <input type="checkbox"/> | DC Current <input type="checkbox"/> | Trans. Insp. <input type="checkbox"/> | Visible M.P.I. <input type="checkbox"/> | | | Signature: <u>Doug Perez</u> | | Dwell Time: <u>20</u> min | | |
| System Effectiveness: LP-Comparative Block <input checked="" type="checkbox"/> | | Dry MP-Castrol Strip <input type="checkbox"/> | | Wet MP-Castrol Strip <input type="checkbox"/> | | Profile Gage RSC OK <input checked="" type="checkbox"/> | | | | | |
| 3rd Party Rep _____ | | Signature: _____ | | | | | | | | | |
| Job Information | | | | | | | | | | | |
| B _____ | V _____ | D _____ | P _____ | | | | | | | | |

Signature guarantees final walk thru of job and job site