



BOTTOM HOLE ASSURANCE, INC.

*Blacklight, Ultrasonic Wall Thickness
& Liquid Penetrant Inspection*

No. IR 44035-4

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CUSTOMER HOLE OPENER CORP		3rd PARTY	FACILITY / LOCATION SHOP	AUTHORIZED BY DONOVAN		INVOICE NO. 44035	
RIG		OCS-G & WELL NO.		PROJECT	P.O. NO. / JOB NO. Shop Expense	DATE 4/12/2022	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1	05-117-005-007	Yoke - rej crack around ear					
2	05-220-005-048	Yoke - rej crack around ear					
3	05-220-005-012	Yoke - rej crack around ear					
4							
5	05-220-020-083	Cutter arms - OK					
6	05-220-020-047	Cutter arms - OK					
7	05-220-020-052	Cutter arms - OK					
8							
9	05-16B-010-089	Hinge block - Ok					
10	05-16B-010-090	Hinge block - Ok					
11	05-16B-010-091	Hinge block - Ok					
12	05-16B-010-092	Hinge block - Ok					
13	05-16B-010-093	Hinge block - Ok					
14	05-16B-010-094	Hinge block - Ok					
15	05-16B-010-095	Hinge block - Ok					
16	05-16B-010-096	Hinge block - Ok					
17	05-16B-010-097	Hinge block - Ok					
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SUMMARY: Inspection as per DS-1 Volume 4

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

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

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>4758</u> Bath Mixture: <u>0.25</u> Whitelight: <u>00</u>	Equipment Used From Unit # <u>11</u> (Qual. Dates) MT <u>2/1/2021</u> PT _____
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <u>SKL-WP2</u> (Check one) ZL-60D Batch # _____ Dwell Time: _____ min Batch # _____ Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: <u>Levar Eaglin</u> Signature: <u>LE</u> <small>Signature guarantees final walk thru of job and job site</small>
Job Information B <u>LE</u> V <u>LE</u> D _____ P <u>LE</u>	Customer Rep Signoff: _____