



BOTTOM HOLE ASSURANCE, INC.

*Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection*

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

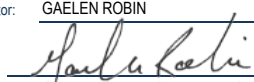
FACILITY / LOCATION CLEAN WELL
PROJECT BP

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907616119

INVOICE NO. _____
DATE: 5/11/2022

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		
13559112	VALI TECH	12.92	22 7/16	15 3/4	3"	6 3/4	6 3/4	CTM-57	5.625	5.841					6.754		Acc		CTM-57		5.933			5.627	.654	6.788		Rej	PITTED THREADS	
13291322	VALI TECH	13.52	20 7/8	15 13/16	3"	7"	7"	CTM-57	5.623	5.849					6.777		Acc		CTM-57		5.909			5.629	0.560	6.728		Acc		

Remarks: FULL BODY INSP. AS PER BSD-GL-HAL-CWT-201 Customer Rep Signoff: _____

Batch # Info.		Connection Inspection				Body Inspection				Body Dry M.P.I				Blacklight Inspection			Liquid Penetrant Inspection		
20-B	19F096K	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"/>	Blacklight Intensity: 5750	Bath Mixture: 0.25	Whitelight: 0.1	Magnaflux Developer: SKD-S2	Batch # _____	
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"/>	Equipment Used From Unit # 32			Dwell Time: _____ min		
7-HF		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"/>	Qual. Date(s) MT 11/30/2021 PT _____			White Light: _____		
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"/>	DC Current	<input type="checkbox"/>	Magnaflex 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"/>	System Effectiveness: LP-Comparitive 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: GAELEN ROBIN			Batch # _____	Dwell Time: _____ min		
Job Information				3rd Party Rep _____				Signature: _____				Signature: 				Signature guarantees final walk thru of job and job site			
B	GR	V	GR	D	GR	P	GR												