



# BOTTOM HOLE ASSURANCE, INC.

No. DIR 51322SB5

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

Email: BHAInc@bottomholeassurance.com  
109 Citron Drive • Youngsville, LA 70592

Office: (337) 857-8994 Fax: (337) 857-8964

CUSTOMER SBES  3RD PARTY  
RIG \_\_\_\_\_  
OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION Shop  
PROJECT Halliburton Sperry Drilling

AUTHORIZED BY Kale Veronie  
P.O. / JOB # WO# 323783323

INVOICE NO. \_\_\_\_\_  
DATE: 5/13/2022

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN											BOX																		
								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	OK or Reject	Remarks						
SN: 12334335 PN: 120164036	8" Crossover	1.68	FL	FL	3 1/2	7 7/8		6 5/8 reg	5"						5/16	7 37/64		OK																			
	MR52221																																				

<b>Remarks:</b> Inspection as per D00685901 Rev. T NOTE: Reworked API connections show evidence of Cold Work		<b>Customer Rep Signoff:</b> _____			
<b>Batch # Info.</b>	<b>Connection Inspection</b> Wet Flour. M.P.I. <input type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	<b>Body Inspection</b> Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input checked="" 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"/>	<b>Body Dry M.P.I.</b> Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	<b>Blacklight Inspection</b> Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ <b>Equipment / Inspector Information</b> Equipment Used From Unit # <u>29</u> Qual. Date(s) MT _____ PT <u>2/1/2021</u> Level II Inspector: <u>Lucas Broussard</u> Signature:	<b>Liquid Penetrant Inspection</b> Magnaflex Developer: SKD-S2 Batch # <u>21U05K</u> Dwell Time: <u>10</u> min White Light: <u>100+</u> Magnaflex Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>19L05K</u> Dwell Time: <u>20</u> min
<b>System Effectiveness:</b> 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: _____		Signature guarantees final walk thru of job and job site	
<b>Job Information</b> B _____ V _____ LB _____ D _____ LB _____ P _____ LB _____					