



BOTTOM HOLE ASSURANCE, INC.

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Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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

No. DIR 51822CW-2

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

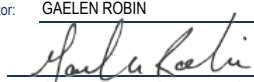
FACILITY / LOCATION CLEAN WELL
PROJECT OXY

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907592510

INVOICE NO. _____
DATE: 5/18/2022

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	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			
13470533	DRILL TECH	6.79	22 7/8	24"	3"	6 3/4	6 3/4	NC 50	4 7/16					7/16	6 1/16		Rej	PITTED THREADS	NC 50	11/16	5 5/16					6 1/16		Rej	PITTED THREADS

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 Dry Powder 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Blacklight Intensity: <u>5913</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u> Equipment Used From Unit # <u>32</u> Qual. Date(s) <u>MT 11/30/2021</u> PT _____ Level II Inspector: <u>GAELEN ROBIN</u> Signature:  Signature guarantees final walk thru of job and job site	Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D 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"/>				Job Information		
B _____ GR _____ V _____ GR _____ D _____ P _____ GR _____				3rd Party Rep _____ Signature: _____		

REVIEWED
By David Patin at 1:38 pm, May 24, 2022