

BOTTOM HOLE ASSURANCE, INC.

No. DIR 51822CW-4



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 LLOG

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907820422

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						Remarks											
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Lgth	Pin Rel. Width	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	OK or Reject	Remarks					
11543034	MAG TECH	6.02	10 5/16	7 7/16	3"	6 1/2	6 1/2	NC 50	4 3/8			4.732	1"	6 3/8		Acc							NC 50	5/8	5 5/16	4 5/8	7 15/16			6 3/8		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 Dry Powder	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>	Blacklight Intensity: <u>4707</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min
7-HF White Contrast	Flour Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> AC Current <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/> DC Current <input type="checkbox"/>	Equipment Used From Unit # <u>32</u> Qual. Date(s) <u>MT 11/30/2021</u> PT _____	White Light: _____ Magnaflux 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"/>	Visible M.P.I. <input type="checkbox"/>	Level II Inspector: <u>GAELEN ROBIN</u>	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"/>		3rd Party Rep _____ Signature: _____		Signature: <u><i>Gaelen Robin</i></u> Signature guarantees final walk thru of job and job site	
Job Information B _____ GR _____ V _____ GR _____ D _____ P _____ GR _____					