



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922CW-10

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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

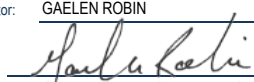
FACILITY / LOCATION CLEAN WELL
PROJECT CANTIUM

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907753189

INVOICE NO. _____
DATE: 5/19/2022

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN						Remarks	BOX						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	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
13668018	MAG TECH	7.81	17 11/16	15 15/16	2 1/16	4 3/4	4 3/4	NC 38	3 15/16				1/2	4 9/16	Acc	NC 38	5/8	4 1/16					4 17/32	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: <u>5255</u>	Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Magnaflex 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 # <u>32</u>		Dwell Time: _____ min		White Light: _____						
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 <u>11/30/2021</u> PT _____		Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2		(Check one) <input type="checkbox"/> ZL-60D						
White Contrast	Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Level II Inspector: <u>GAELEN ROBIN</u>		Batch # _____		Dwell Time: _____ min						
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"/>	Visible M.P.I. <input type="checkbox"/>	Signature: 		Signature: _____		Signature guarantees final walk thru of job and job site						
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				3rd Party Rep _____													
B _____	GR _____	V _____	GR _____	D _____	P _____	GR _____											