



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922CW-11

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 OXY

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

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						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					
11619787	MAG TECH	6.21	9 9/16	10 7/16	3	6 1/2	6 1/2	NC 50	4 3/8			4.720	15/16	6 3/8			Rej	DAMAGE SHOULDER	NC 50	5/8	5 5/16	4 5/8	8 1/8			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	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:	4115	Bath Mixture:	0.25	Whitelight:	0.1	Magnaflux Developer:	SKD-S2
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 checked="" 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				Batch # _____			
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				Dwell Time: _____ min			
Job Information										Signature: _____											
B	GR	V	GR	D	GR	Signature: _____ Signature guarantees final walk thru of job and job site															