



BOTTOM HOLE ASSURANCE, INC.

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 BP

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907783804

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						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	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
13328999	DRILL TECH	6.12	18 3/16	21	3	6 3/4	6 3/4	CTM -57	5.622	5.862					6.750		Acc		CTM-57		5.926			5.629	.542	6.744		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>6091</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Magnaflex 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 checked="" type="checkbox"/> DC Current <input type="checkbox"/> Trans. 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) MT <u>11/30/2021</u> PT _____	White Light: _____ Magnaflex 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"/> DC Current <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Level II Inspector: <u>GAELEN ROBIN</u>	Batch # _____ Dwell Time: _____ min

System Effectiveness: LP-Comparitive Block Dry MP-Castrol Strip Wet MP-Castrol Strip Profile Gage RSC OK

3rd Party Rep _____
Signature: _____

Job Information: B GR V GR D P GR

Signature:
Signature guarantees final walk thru of job and job site