



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922CW-13

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

Email: BHAInc@bottomholeassurance.com
109 Citron Drive • Youngsville, LA 70592

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

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: 5/19/2022

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 Root Width	Pin Neck Lgh	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 Lgh Float Bore Lgh		Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks									
11563907	BULLNOSE	1.13	11 3/4	-	-	-	6 1/2																			NC 50	5/8	5 5/16					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"/> Vis. Liq. Pen. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>
7-HF	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>
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"/>
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:				Equipment / Inspector Information	
LP-Comparitive Block <input type="checkbox"/>		Dry MP-Castrol Strip <input type="checkbox"/>		Equipment Used From Unit # <u>32</u>	
Wet MP-Castrol Strip <input checked="" type="checkbox"/>		Profile Gage RSC OK <input checked="" type="checkbox"/>		Qual. Date(s) MT <u>11/30/2021</u> PT _____	
Job Information				Level II Inspector: <u>GAELEN ROBIN</u>	
B _____ GR _____ V _____ GR _____ D _____ P _____ GR _____			Signature: <i>[Signature]</i>		Signature guarantees final walk thru of job and job site
				Magnaflex Developer: SKD-S2	
				Batch # _____	
				Dwell Time: _____ min	
				White Light: _____	
				Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2	
				(Check one) <input type="checkbox"/> ZL-60D	
				Batch # _____	
				Dwell Time: _____ min	