



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922CW-14

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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

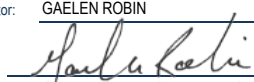
FACILITY / LOCATION CLEAN WELL
PROJECT ENI

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907830009

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														
								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	Remarks	
HMM 852	SPIRAL MILL	6.30	23 11/16	23 7/8	2 1/2	5	5	XT-39	4.497	4.063	3.539			4.828		Acc		XT-39		4.169				4.501	.448	4.854		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 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Flour Liq. Pen. <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Blacklight Intensity: <u>5327</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u> Equipment Used From Unit # <u>32</u> Qual. Date(s) <u>MT 11/30/2021</u> PT _____	Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Dwell Time: _____ min
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: <u>GAELEN ROBIN</u> Signature: 		
Job Information B <u>GR</u> V <u>GR</u> D _____ P <u>GR</u>			Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>			