



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922CW-2

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

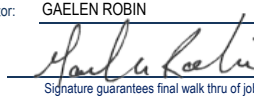
CUSTOMER HALLIBURTON ICC 3RD PARTY
 RIG _____
 OCS-G & WELL _____

FACILITY / LOCATION CLEAN WELL
 PROJECT LLOG

AUTHORIZED BY TONY FREDRICK
 P.O. / JOB # 907550988

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	Remarks	
13390592	DRILL TECH	6.36	-	20 1/2	3"	6 3/4	-	CTM-57	5.623.	5.847.				6.743.	Acc	RE-INSP														
13390589	DRILL TECH	6.31	-	21 5/8	3"	6 3/4	-	CTM-57	5.623.	5.842.				6.739.	Acc	RE-INSP														

Remarks: CONNECTION INSP. AS PER BSD-GL-HAL-CWT-201 (CONNECTION INSPECTION ONLY)							(MACHINE SHOP CONNECTION INSPECTION ONLY)							Customer Rep Signoff: _____		
Batch # Info.		Connection Inspection			Body Inspection			Body Dry M.P.I			Blacklight Inspection			Liquid Penetrant Inspection		
20-B 19F096K	19F096K	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Blacklight Intensity: 1846	Bath Mixture: 0.25	Whitelight: 0.1	Magnaflex Developer: SKD-S2					
Dry Powder		Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Equipment Used From Unit # 32			Batch # _____					
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 _____			Dwell Time: _____ min					
White Contrast		Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Level II Inspector: GAELEN ROBIN			White Light: _____					
14-A		Trans. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>			Signature:  Signature guarantees final walk thru of job and job site			Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D					
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"/>	Batch # _____					Dwell Time: _____ min					
Job Information					3rd Party Rep _____											
B GR	V GR	D GR	P GR	Signature: _____												