



**BOTTOM HOLE ASSURANCE, INC.**

No. DIR 51922CW-5

*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 # 907762935

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
13559054	MAG TECH	7.60	22 3/4	16 3/16	3	6 3/4	6 3/4	CTM-57	5.625	5.841				6.740		Acc		CTM-57		5.912			5.628	.412	6.739		Acc	
13665221	VALI TECH	13.03	22 7/16	17 1/16	3	6 3/4	6 3/4	CTM-57	5.623	5.844				6.740		Acc		CTM-57		5.920			5.627	.417	6.701		Acc	
13620576	DRILL TECH	6.70	23 3/16	23"	3	6 3/4	6 3/4	CTM-57	5.625	5.837				6.738		Acc		CTM-57		5.923			5.627	.418	6.742		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>6080</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>  Equipment Used From Unit # <u>32</u> Qual. Date(s) MT <u>11/30/2021</u> PT _____	Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min White Light: Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <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: <u><i>Gaelen Robin</i></u> <small>Signature guarantees final walk thru of job and job site</small>		
Job Information B _____ GR _____ V _____ GR _____ D _____ P _____ GR _____			3rd Party Rep _____ Signature: _____			