



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922CW-6

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 LLOG

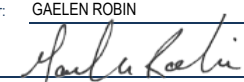
AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907303406

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 Rad. 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
13299530	VALI TECH	13.42	19 5/8	15 3/4	3	7	7	CTM-57	5.622	5.844				6.760		Acc		CTM-57		5.927			5.627	.545	6.731		Acc		
12219018	RISER	5.71	7 3/4	6 5/8	3	7	7	CTM 57	5.622	5.856				6.761		Acc		CTM-57		5.914			5.627	.568	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	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/>	Blacklight Intensity: <u>5420</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Magnaflux Developer: SKD-S2
Dry Powder	Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/>	Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>	Equipment Used From Unit # <u>32</u>	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 <u>11/30/2021</u> PT _____	Dwell Time: _____ min
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"/>	Signature: <u>GAELEN ROBIN</u>	White Light: _____
14-A	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Signature: 	Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D
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>	Batch # _____
Job Information			3rd Party Rep _____	Signature: _____	Dwell Time: _____ min
B _____ GR _____	V _____ GR _____	D _____ P _____ GR _____	Signature guarantees final walk thru of job and job site		