



BOTTOM HOLE ASSURANCE, INC.

No. DIR 51922CW-9

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 SHELL

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907734339

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
12023793	SPIRAL MILL	5.86	17 7/16	17 11/16	2 9/16	4 3/4	4 3/4	NC 38	3 7/8				3.477	25/32	4 19/32		Acc	N1	NC 38	5/8	4 1/16	3 15/32	7 1/4			4 19/32		Acc	

Remarks: FULL BODY INSP. AS PER BSD-GL-HAL-CWT-01 N1 - 6.240 OD - BUILD UP

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"/>	Blacklight Intensity: <u>1294</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min
7-HF White Contrast	Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/>	Continuous <input checked="" type="checkbox"/> AC Current <input type="checkbox"/>	Flour Liq. Pen. <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/>	Trans. Insp. <input type="checkbox"/> DC Current <input checked="" type="checkbox"/>	Equipment Used From Unit # <u>32</u> Qual. Date(s) <u>MT 11/30/2021</u> PT _____	White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ Dwell Time: _____ min
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"/>	Visible M.P.I. <input type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>	Level II Inspector: <u>GAELEN ROBIN</u>	Signature: <u><i>Gaelen Robin</i></u> Signature guarantees final walk thru of job and job site
System Effectiveness: LP-Comparitive Block <input type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input checked="" type="checkbox"/>						
3rd Party Rep _____				Signature: _____		
Job Information						
B _____	GR _____	V _____	GR _____	D _____	P _____	