



BOTTOM HOLE ASSURANCE, INC.

No. DIR 52022ST-2

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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

FACILITY / LOCATION SERVICE TOOLS
PROJECT SHELL

AUTHORIZED BY DERRICK ROBIN
P.O. / JOB # 907787230

INVOICE NO. _____
DATE: 5/20/2022

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							
EQ# 12115621 2720031	PUP STABILIZER 8.85" OD SAP# 102121571	10.31	17 7/8	-	2 3/4	6 1/4	6 1/4														NC 50	11/16	5 5/16									6 1/16		Acc	RE-INSP

Remarks: CONNECTION INSP. AS PER WM-GL-HAL-HCT-900 REV. 0 (MACHINE SHOP CONNECTION INSPECTION ONLY)

Batch # Info.		Connection Inspection				Body Inspection				Body Dry M.P.I.				Blacklight Inspection				Liquid Penetrant Inspection			
20-B	20B065	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:	8700	Bath Mixture:	0.30	Whitelight:	0.1	Magnaflux 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 / Inspector Information				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"/>	Equipment Used From Unit #	23				Dwell Time:	_____	
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"/>	Qual. Date(s)	MT 4/26/2019	PT	4/26/2019	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"/>					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:				BRANSON THERIOT				Batch #	_____		
Job Information		B	BT	V	BT	D	P	BT	3rd Party Rep				Signature:					Dwell Time:	_____		
														Signature:					Signature guarantees final walk thru of job and job site		

REVIEWED
By David Patin at 2:37 pm, May 23, 2022