

BOTTOM HOLE ASSURANCE, INC.

No. DIR 52022ST-6



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 ENI

AUTHORIZED BY DERRICK ROBIN
P.O. / JOB # 907851314

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 Lgh	Bevel Diameter	B S R	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgh	Float Bore Lgh	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks	
EQ# 12392535	16" HT RTTS PACKER ASSY	10.73	16 15/16	12 7/16	4 3/4	8	7	6 5/8 FH	4 15/16					1/4	7 23/32		Acc	CONN. ONLY	5 1/4 CAS												Acc	CONN. ONLY
EQ# 12115248	6 1/2" BYPASS ASSY	4.91	9 15/16	14 3/4	3 3/4	6 1/4	6 1/4	NC 50	4 7/16					5/16	6 1/16		Rej	PITTED THREADS	NC 50	5/8	5 5/16						6 1/16		Rej	DAMAGE SHOULDER		
EQ# 10368743	6 1/2" BYPASS ASSY	5.30	9 1/2	16 7/8	3 3/4	6 1/4	6 1/4	NC 50	4 1/2					1/2	6 1/16		Rej	DAMAGE SHOULDER	NC 50	5/8	5 5/16					6 1/16		Acc	CONN. ONLY			

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

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I.	Blacklight Inspection	Liquid Penetrant Inspection	
20-B 20B065 Dry Powder 7-HF White Contrast 14-A	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Long. Insp. <input 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"/>	Wet Flour. M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Blacklight Intensity: <u>8700</u> Bath Mixture: <u>0.30</u> White Light: <u>0.1</u> Equipment Used From Unit # <u>23</u> Qual. Date(s) <u>MT 4/26/2019</u> <u>PT 4/26/2019</u>	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"/>		3rd Party Rep _____ Signature:  HB 7/1/07				Level II Inspector: <u>BRANSON THERIOT</u> Signature:  Signature guarantees final walk thru of job and job site
<div style="text-align: center;"> Job Information B _____ BT _____ V _____ BT _____ D _____ P _____ BT _____ </div>						

REVIEWED
By David Patin at 1:38 pm, May 24, 2022