

# BOTTOM HOLE ASSURANCE, INC.

No. DIR 45084-1



Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

Email: BHAInc@bottomholeassurance.com  
109 Citron Drive • Youngsville, LA 70592

Office: (337) 857-8994 Fax: (337) 857-8964

CUSTOMER HOLE OPENER CORP  3RD PARTY  
RIG \_\_\_\_\_  
OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION SHOP  
PROJECT ARENA / RC 51198

AUTHORIZED BY DONOVAN  
P.O. / JOB # 8156

INVOICE NO. 45084  
DATE: 6/23/2022

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						
DTU-19-16B-2	16" UNDER REAMER BODY	6.31			N/A	16"	10"	INT														7 5/8 REG	11/16	7 1/16						8 55/64			OK				
JSS-19-22-14	JET SUB	3.24	26 1/16		3 1/4	10"	10"	7 5/8 REG	5 5/16						5/16	8 49/64						7 5/8 REG	11/16	7 1/16						8 13/16			OK				
XO-19-95-5	FLOAT SUB	3.92	23 3/16		N/A		9 1/2															7 5/8 REG	11/16	7 1/16						8 1/2			OK				
			23 1/16				8"															6 5/8 REG	11/16	6 1/16	4 13/16	17 1/4				7 17/32			OK				
TS-19-22-5	TOP SUB	4.43	34 5/8	14 3/4	3"	9 1/2	16"	7 5/8 REG	5 1/4					7/16	8 49/64							INT												OK			
BN-14-95-5	BULLNOSE	3.26		FL	3"	9 1/4		7 5/8 REG	5 5/16					1/4	8 49/64																						
05-16B-020-072,092,060	CUTTER ARM (3)							INT																													
05-220-005-044	YOKE																					INT														OK	
05-220-008-031	STOP PIPE							INT																													
05-220-007-021	PISTON							INT																													
05-220-006-049	FLOW TUBE																																				
079, 064, 056	(3) CAM LOCK																																				
05-16B-043-521,509,442	(6) HINGE BLOCK																																				
05-160-012-455,457,437	(3) HINGE PIN																																				

Remarks: FULL BODY INSP AS PER DS-1 VOL 4

Customer Rep Signoff: \_\_\_\_\_

Batch # Info.		Connection Inspection				Body Inspection				Body Dry M.P.I.				Blacklight Inspection			Liquid Penetrant Inspection	
20-B	21J002	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 checked="" type="checkbox"/>	Residual	<input type="checkbox"/>	Blacklight Intensity: 4670	Bath Mixture: 0.25	Whitelight: 0.1	Magnaflux Developer: SKD-S2	
Dry Powder	131502	Vis. Liq. Pen.	<input type="checkbox"/>	Residual	<input type="checkbox"/>	Vis. Liq. Pen.	<input type="checkbox"/>	Continuous	<input checked="" type="checkbox"/>	Long. Insp.	<input checked="" type="checkbox"/>	Continuous	<input checked="" 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 checked="" type="checkbox"/>	Equipment Used From Unit # 25			Dwell Time: _____ min	
White Contrast		Long. Insp.	<input type="checkbox"/>	AC Current	<input type="checkbox"/>	Long. Insp.	<input type="checkbox"/>	DC Current	<input checked="" type="checkbox"/>			DC Current	<input type="checkbox"/>	Qual. Date(s) MT 5/6/2019 PT _____			White Light: _____	
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"/>					Level II Inspector: Tanner Blanchard			Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D	
System Effectiveness:		LP-Comparative Block	<input type="checkbox"/>	Dry MP-Castrol Strip	<input checked="" type="checkbox"/>	Wet MP-Castrol Strip	<input checked="" type="checkbox"/>	Profile Gage RSC OK	<input checked="" type="checkbox"/>	3rd Party Rep _____		Signature: _____		Signature:		Dwell Time: _____ min		
Job Information				3rd Party Rep _____				Signature: _____				Signature guarantees final walk thru of job and job site						
B	TB	V	TB	D		P	TB											