



**BOTTOM HOLE ASSURANCE, INC.**

No. DIR 60622CW-3

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 KOSMOS

AUTHORIZED BY TONY FREDRICK  
P.O. / JOB # 907791932

INVOICE NO. \_\_\_\_\_  
DATE: 6/6/2022

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	
13559052	MAG TECH	7.59	21 1/2	17 5/8	3"	6 3/4	6 3/4	CTM-57	5.622.	5.851.					6.742.		Acc		CTM-57		5.930.				5.628.	0.423.	6.737.		Acc	

Remarks:

FULL BODY INSP. AS PER BSD-GL-HAL-CWT-201

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

<b>Batch # Info.</b>		<b>Connection Inspection</b>				<b>Body Inspection</b>				<b>Body Dry M.P.I.</b>				<b>Blacklight Inspection</b>				<b>Liquid Penetrant Inspection</b>						
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:	5019	Bath Mixture:	0.25	Whitelight:	0.1	Magnaflux Developer:	SKD-S2	Batch # _____		
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 # 32				Dwell Time: _____ min						
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 11/30/2021 PT _____				White Light: _____						
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 checked="" type="checkbox"/>	DC Current	<input type="checkbox"/>	Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D				Batch # _____						
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"/>	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: GAELEN ROBIN				Dwell Time: _____ min						
<b>Job Information</b>												Signature: _____				Signature: <i>Gaelen Robin</i>				Signature guarantees final walk thru of job and job site				
B	GR	V	GR	D	GR	3rd Party Rep _____																		

E-DIR01-05

**REVIEWED**  
By David Patin at 9:34 am, Jun 07, 2022