



# BOTTOM HOLE ASSURANCE, INC.

No. DIR 60622CW-5

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 LLOG

AUTHORIZED BY TONY FREDRICK  
P.O. / JOB # 907820422

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
13328995	DRILL TECH	6.23	20 7/16	20 1/4	3"	6 3/4	6 3/4	CTM-57	5.623	5.819				6.734		Acc		CTM-57		5.919			5.627	0.421	6.737		Acc		

Remarks: FULL BODY INSP. AS PER BSD-GL-HAL-CWT-201 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"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/>	Blacklight Intensity: <u>6386</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"/> Continuous <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> AC Current <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/> DC Current <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> Trans. Insp. <input type="checkbox"/>	DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/> DC Current <input type="checkbox"/>	Equipment Used From Unit # <u>32</u> Qual. Date(s)    MT <u>11/30/2021</u> PT _____	White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <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"/>	Level II Inspector: <u>GAELEN ROBIN</u>	
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: _____ <small>Signature guarantees final walk thru of job and job site</small>	
Job Information					
B _____ GR _____	V _____ GR _____	D _____ P _____ GR _____			