



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR 60722TT-12

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CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION TEST TOOLS	AUTHORIZED BY BOBBY CHOATE		INVOICE NO.		
RIG		OCS-G & WELL NO.		PROJECT IN HOUSE	P.O. NO. / JOB NO. 1017510022	DATE 6/7/2022		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	EQ# 11048717	5" DRAIN VALVE ASSEMBLY						
2	BAC20A0952-2	DRAIN VALVE HOUSING - ACC		3 7/8" CAS - ACC	INT (P) - ACC	2 1/4	5	2.57
3		SAP# 100066903						
4	B014765-6	DRAIN VALVE SLEEVE - ACC		INT - ACC				
5		SAP# 100066893						
6	B1660256-6	NUT - ACC			INT - ACC			
7		SAP# 100066894						
8	AEZ132107-5	TOP ADAPTER - ACC		INT (B) - ACC	3 7/8" CAS - ACC	2 1/4	5	1.0
9		SAP# 100066902						
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SUMMARY: FULL BODY INSP. BSM-GOM-HAL-TT-201 REV. 5

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
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 checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>
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"/>
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"/>
White Contrast	Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>
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 Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>4865</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u>
	Qual. Date(s) MT <u>7/21/2019</u> PT <u>9/21/2021</u>
Liquid Penetrant Inspection	3rd Party Rep: _____
Whitelight: _____	Signature: _____
Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D	Level II Inspector: RIDGE ALBERT
Batch # _____ Dwell Time: _____ min	Signature: _____
Job Information	Signature guarantees final walk thru of job and job site
B _____ RA _____ V _____ RA _____ D _____ P _____ RA _____	