



BOTTOM HOLE ASSURANCE, INC.

*Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection*

No. IR **60722TT-8**

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

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

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# 10255363	8 5/8" - 13 3/8" RTTS SAFETY JOINT						
2	FA149569-04	TOP COUPLING - ACC			5 1/4 CAS x INT - ACC	3 3/4	6 1/8	0.98
3		SAP# 100070255						
4	B3641195	MANDREL - ACC		INT x INT - ACC				
5		SAP# 100070268						
6	B2926428-4	NUT - ACC		INT - ACC				
7		SAP# 100070269						
8	C3908785-1	CASE - ACC			INT x INT - ACC			
9		SAP# 100070251						
10	AHY136844-9	LOWER ADAPTER - ACC		NC 50 - ACC	INT - ACC	3 3/4	6 1/8	1.08
11		SAP# 100070247						
12	AHY158648-3	CONNECTOR - ACC		INT X INT - ACC				
13		SAP# 100070252						
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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>2077</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 Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: RIDGE ALBERT Signature: Signature guarantees final walk thru of job and job site
Job Information B _____ RA _____ V _____ RA _____ D _____ P _____ RA _____	



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CUSTOMER HALLIBURTON ICC 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION TEST TOOLS
PROJECT IN HOUSE

AUTHORIZED BY BOBBY CHOATE
P.O. / JOB # 1017510022

INVOICE NO. _____
DATE: 6/7/2022

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												
EQ# 10255363	8 5/8 - 13 3/8 RTTS SAFETY JOINT																																								
AHY136844-9	LOWER ADAPTER SAP# 100070247	1.08	-	-	3 3/4	6 1/8	-	NC 50	4 7/16	-	-	-	1/4	6 1/16	-	Acc						INT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Acc			

Remarks: FULL BODY INSP. AS PER BSM-GOM-HAL-TT-201 REV. 5

Batch # Info.		Connection Inspection				Body Inspection				Body Dry M.P.I.				Blacklight Inspection				Liquid Penetrant Inspection	
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"/>	Blacklight Intensity: <u>5030</u>	Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Magnaflex Developer: SKD-S2								
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 # <u>13</u>		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 checked="" type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Qual. Date(s) MT <u>7/21/2019</u> PT <u>9/21/2021</u>		White Light: _____		Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2							
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 type="checkbox"/>	DC Current <input type="checkbox"/>	Level II Inspector: <u>RIDGE ALBERT</u>		Signature: _____		(Check one) <input type="checkbox"/> ZL-60D							
14-A		Trans. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Signature: _____		Signature guarantees final walk thru of job and job site		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 _____													
Job Information																			
B	RA	V	RA	D	P	RA													