

BOTTOM HOLE ASSURANCE, INC.

No. DIR 61022CW-1

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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BOTTOM HOLE ASSURANCE, INC.

CUSTOMER HALLIBURTON ICC

3RD PARTY

FACILITY / LOCATION CLEAN WELL

AUTHORIZED BY TONY FREDRICK

INVOICE NO. _____

RIG _____

PROJECT COX

P.O. / JOB # 907909967

DATE: 6/10/2022

OCS-G & WELL _____

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	PIN							BOX							OK or Reject	Remarks									
					Pin I.D.	Pin O.D.	Box O.D.	Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Rel. Width Pin Neck Lght	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 Lght Float Bore Lght	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	
HMM 588	SPIRAL MILL	6.10	23 5/8	19"	2 1/2	5"	5"	NC 38	3 7/8			3.504.	29/32	4 13/32		Acc		NC 38	11/16	4 1/16	3 15/32	7 9/16			4 3/4		Acc		
HMM 562	BOTTOM MILL	3.44	-	22 5/16	1 1/2	4 1/4	-	NC 38	3 9/16				5/16	4 5/32		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"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>	Blacklight Intensity: 1681 Bath Mixture: 0.25 Whitelight: 0.1	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 checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/> DC Current <input type="checkbox"/>	Equipment Used From Unit # 32 Qual. Date(s) MT 11/30/2021 PT _____	White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D 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"/>				Level II Inspector: GAELEN ROBIN	
3rd Party Rep _____ Signature: _____			Signature: <i>Gaelen Robin</i> Signature guarantees final walk thru of job and job site		
Job Information					
B _____ GR _____	V _____ GR _____	D _____	P _____ GR _____		

REVIEWED
By David Patin at 8:47 am, Jun 17, 2022