



BOTTOM HOLE ASSURANCE, INC.

No. DIR 61422CW-2

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 CHEVRON

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907892710

INVOICE NO. _____
DATE: 6/14/2022

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN											BOX									
								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
HMM 803	SPIRAL MILL	6.03	23	19 3/4	3	7	7	CTM 57	5.623	5.841				6.762		Acc		CTM 57		5.940			5.627	.551	6.754		Acc	
HMM 653	SPIRAL MILL	5.85	22	15 1/2	3	7	7	CTM 57	5.625	5.839				6.754		Acc		CTM 57		5.940			5.627	.584	6.745		Acc	

Remarks: Customer Rep Signoff: _____
FULL BODY INSP. AS PER BSD-GL-HAL-CWT-201

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"/> Vis. Liq. Pen. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/> Continuous <input checked="" type="checkbox"/>	Blacklight Intensity: <u>5589</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"/> Long. Insp. <input checked="" type="checkbox"/>	Continuous <input checked="" type="checkbox"/> AC Current <input checked="" type="checkbox"/>	Flour Liq. Pen. <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/>	Trans. Insp. <input type="checkbox"/> DC Current <input checked="" type="checkbox"/>	Equipment / Inspector Information Equipment Used From Unit # <u>32</u> Qual. Date(s) <u>MT 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"/>	Wet MP-Castrol Strip <input checked="" type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>	Level II Inspector: <u>GAELEN ROBIN</u> Signature: _____ <i>Gaelen Robin</i> Signature guarantees final walk thru of job and job site		
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"/>						
Job Information B _____ NR _____ V _____ NR _____ D _____ P _____ GR _____ 3rd Party Rep: _____ Signature: _____						