

B O T T O M H O L E A S S U R A N C E , I N C .

No. DIR 61522B2



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

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

FACILITY / LOCATION SPERRY DRILLING
PROJECT _____

AUTHORIZED BY EDDIE FAUCHEUX
P.O. / JOB # 907517948

INVOICE NO. _____
DATE: 6/15/2022

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	BSR	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	BSR	OK or Reject
SN: 12049137 PN: 120171768	6 3/4" HOC ASSY	15.49			2 7/8	6 13/16	6 13/16	NC50	4 7/16					5/16	6 5/16		OK		NC50	5/8	5 5/16					6 11/32		Rej	DAMAGED SEAL	

Remarks: INSPECTED PER D00685901 REV. T

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I	Blacklight Inspection	Liquid Penetrant Inspection								
20-B _____ Dry Powder _____ 7-HF _____ White Contrast _____ 14-A _____	Wet Flour. M.P.I. <input type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> AC Current <input type="checkbox"/> Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____	Magnaflux Developer: SKD-S2 Batch # <u>22A07C</u> Dwell Time: _____ 10 min White Light: _____ 100+ Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>22B056</u> Dwell Time: _____ 20 min								
System Effectiveness: LP-Comparitive Block <input checked="" type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>				Equipment / Inspector Information									
3rd Party Rep _____				Equipment Used From Unit # <u>14</u> Qual. Date(s) MT _____ PT <u>6/6/2022</u>									
Signature: _____				Level II Inspector: <u>Doug Perez</u> Signature: <i>Doug Perez</i> Signature guarantees final walk thru of job and job site									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Job Information</th> </tr> <tr> <td>B _____</td> <td>V _____</td> <td>D _____</td> <td>P _____</td> </tr> </table>						Job Information				B _____	V _____	D _____	P _____
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B _____	V _____	D _____	P _____										