



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

No. DIR 61622CW-5

Blacklight, Ultrasonic Wall Thickness, & Liquid Penetrant Inspection

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

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

CUSTOMER	HALLIBURTON ICC	<input type="checkbox"/>	3RD PARTY
RIG			
CS-G & WELL			

FACILITY / LOCATION CLEAN WELL

PROJECT CHEVRON


AUTHORIZED BY **TONY FREDRICK**
P.O. / JOB # **907625211**

INVOICE NO. _____
DATE: 6/16/2022

[illegible]

Remarks:	FULL BODY INSP. AS PER BSD-GL-HAL-CWT-201	N1 - PIN RELIEF DIAMETER OUT OF TOLERANCE
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Customer Rep Signoff:

Batch # Info.		Connection Inspection		Body Inspection		Body Dry M.P.I		Blacklight Inspection			Liquid Penetrant Inspection						
20-B	19F096K	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: 4885	Bath Mixture: 0.25	Whitelight: 0.1	Magnaflux 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"/>				Batch # _____
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"/>				Dwell Time: _____ min
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"/>				White Light: _____
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"/>								Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2
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"/>								(Check one) <input type="checkbox"/> ZL-60D	
										3rd Party Rep _____			Level II Inspector: GAELIN ROBIN			Batch # _____	
Job Information													Signature: 			Dwell Time: _____ min	
B _____ GR _____ V _____ GR _____ D _____ P _____ GR _____										Signature: _____			Signature guarantees final walk thru of job and job site				