



BOTTOM HOLE ASSURANCE, INC.

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 LLOG

AUTHORIZED BY TONY FREDRICK
P.O. / JOB # 907845258

INVOICE NO. _____
DATE: 6/20/2022

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		
45095616620101	BULL NOSE	1.61	-	-	-	-	6 5/8											NC 50	11/16	5 5/16								6 1/2		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 Dry Powder	19F096K	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Wet Flour. M.P.I. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Blacklight Intensity: <u>5912</u>	Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Magnaflux Developer: SKD-S2			
7-HF		Flour Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	Flour Liq. Pen. <input checked="" type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Equipment Used From Unit # <u>32</u> Qual. Date(s) MT <u>11/30/2021</u> PT _____ Level II Inspector: <u>GAELEN ROBIN</u> Signature: Signature guarantees final walk thru of job and job site				Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D		
White Contrast 14-A		Long. Insp. <input checked="" type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>	DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>								Dwell Time: _____ min
System Effectiveness:		LP-Comparative 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 _____ GR _____ V _____ GR _____ D _____ P _____ GR _____												3rd Party Rep _____ Signature: _____									