



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR **62022CWP-1**

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

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

CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION CLEAN WELL		AUTHORIZED BY TONY FREDRICK		INVOICE NO.	
RIG		OCS-G & WELL NO.			PROJECT		P.O. NO. / JOB NO.	
DATE 6/20/2022		ACC / REJ.		ACC / REJ.		ACC / REJ.		
SERIAL NO.	DESCRIPTION	ACC	REJ.	SERIAL NO.	DESCRIPTION	ACC	REJ.	
1	451201662514			41	450858815211			
2	451464681412			42	45103895230111			
3	451008609218			43	45145493320102			
4	451270733613			44	4513563184			
5	4513655242114			45	102365153 19695631			
6	451201662511			46	102365153 19115961			
7	450943733434			47	451347843124			
8	450943738431			48	451347843122			
9	4508371596106			49	45075280170106			
10	451026351614			50	45079860300517			
11	450835635821			51	45080558030115			
12	4514480840111			52	4507986030538			
13	11542638			53	45153734670102			
14	451130253611			54	45153734670106			
15	4514952462111			55	45153734670107			
16	11543030			56	45153734670116			
17	11572896			57	45153734670117			
18	451472026114			58	45156679050103			
19	4513782028119			59	45156679050106			
20	11542991			60	45156679050102			
21	11542986			61	45156679050108			
22	4509883896260			62	4516679050109			
23	45079761987543			63	4516679050104			
24	451367379714			64	4516679050105			
25	4510257992119			65	4516679050107			
26	451472026115			66	45156590460105			
27	11541146			67	45156590460106			
28	45150134110102			68	45156590460102			
29	11541243			69	45156590460101			
30	4515567297110			70	45156590460108			
31	450780599061			71	45156590460104			
32	11544264			72	45156590460103			
33	11651724			73	45156590460107			
34	116253537			74	4508452998			
35	451006578824			75	45116209787038			
36	451389563617			76	450852843513			
37	11542654			77	11544231			
38	1510087110138			78	45145247			
39	45102169120503			79	451453088711			
40	4512977216001			80	45138059870304			

SUMMARY: FULL BODY INSP AS PER BSD-GL-HAL-CWT-201

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	Wet Flour. M.P.I. <input 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"/>
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"/>
7-HF	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>
White Contrast	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>
14-A	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		

System Effectiveness: LP-Comparative Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>4336</u> Bath Mixture: <u>0.30</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>32</u> Qual. Date(s) MT <u>11/30/2021</u> PT _____
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: GAELLEN ROBIN Signature: Signature guarantees final walk thru of job and job site
Job Information B _____ GR _____ V _____ GR _____ D _____ P _____ BP _____	



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR **62022CWP-2**

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

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

CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION CLEAN WELL		AUTHORIZED BY TONY FREDRICK		INVOICE NO.	
RIG		OCS-G & WELL NO.			PROJECT		P.O. NO. / JOB NO.	DATE 6/20/2022
SERIAL NO.	DESCRIPTION		ACC / REJ.	SERIAL NO.	DESCRIPTION		ACC / REJ.	
1	4511954098	SPLIT HALF	ACC	41	45138211220115	654797 BLADE	ACC	
2	4511954098	SPLIT HALF	ACC	42	45142471380108	654797 BLADE	ACC	
3	4511954098	SPLIT HALF	ACC	43	45138211220107	654797 BLADE	ACC	
4	4511954098	SPLIT HALF	ACC	44	45138211220109	654797 BLADE	ACC	
5	451207152715	SPLIT HALF	ACC	45	45127612980152	654797 BLADE	ACC	
6	451207152713	SPLIT HALF	ACC	46	45147169000104	654808 BLADE	ACC	
7	4509349786112	SPLIT HALF	ACC	47	45127612980218	654808 BLADE	ACC	
8	4516147754213	SPLIT HALF	ACC	48	45147169000127	654808 BLADE	ACC	
9	4510546263715	SPLIT HALF	ACC	49	45132202070325	654808 BLADE	ACC	
10	4516147754210	SPLIT HALF	ACC	50	45147169000137	654808 BLADE	ACC	
11	11542968	SPLIT HALF	ACC	51	45127612980261	654808 BLADE	ACC	
12	115422342	SPLIT HALF	ACC	52	45138211220201	654808 BLADE	ACC	
13	4510780539052	SPLIT HALF	ACC	53	451147842100107	654808 BLADE	ACC	
14	11543160	SPLIT HALF	ACC	54				
15	450797619858	SPLIT HALF	ACC	55				
16	4516147754110	STABILIZER	ACC	56				
17	451423380618	STABILIZER	ACC	57				
18	4508371596101	STABILIZER	ACC	58				
19	450911827111	STABILIZER	ACC	59				
20	451446989411	STABILIZER	ACC	60				
21	4514469894113	STABILIZER	ACC	61				
22	450987667725	STABILIZER	ACC	62				
23	11915169	RETAINER SPLIT HALF	ACC	63				
24	11544236	RETAINER SPLIT HALF	ACC	64				
25	11544231	RETAINER SPLIT HALF	ACC	65				
26	45107038512	SPLIT RING	ACC	66				
27	4512977216002	SPLIT RING	ACC	67				
28	4508522466	SPLIT RING	ACC	68				
29	11544230	SPLIT RING	ACC	69				
30	45147870820103	654797 BLADE	ACC	70				
31	45142471880114	654797 BLADE	ACC	71				
32	45147753490106	654797 BLADE	ACC	72				
33	45137219170112	654797 BLADE	ACC	73				
34	45147169000207	654797 BLADE	ACC	74				
35	45138764110101	654797 BLADE	ACC	75				
36	45129129140111	654797 BLADE	ACC	76				
37	4513876110114	654797 BLADE	ACC	77				
38	45142471380101	654797 BLADE	ACC	78				
39	45138764110111	654797 BLADE	ACC	79				
40	45137219170101	654797 BLADE	ACC	80				

SUMMARY: FULL BODY INSP AS PER BSD-GL-HAL-CWT-201

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 20B065	Wet Flour. M.P.I. <input 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"/>
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"/>
7-HF	Flour Liq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Liq. Pen. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>
White Contrast	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>
14-A	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input checked="" type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>		

System Effectiveness: LP-Comparative Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>5521</u> Bath Mixture: <u>0.30</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>32</u> Qual. Date(s) MT <u>11/30/2021</u> PT _____
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: GAELLEN ROBIN Signature:
Job Information B _____ GR _____ V _____ GR _____ D _____ P _____ BP _____	Signature: _____ <small>Signature guarantees final walk thru of job and job site</small>