



BOTTOM HOLE ASSURANCE, INC.

No. DIR 62222B2

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 # 906711646

INVOICE NO. _____
DATE: 6/22/2022

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	
SN: 12189671 PN: 120159131	6 3/4" EWR	12.09			N/A	6 5/8													NC50	5/8	5 5/16					6 21/64		OK		
						6 5/8													NC50	5/8	5 5/16					6 19/64		OK		
SN: 11717401 PN: 101568694	6 3/4" CIM SUB	4.97			N/A	6 11/16	6 3/4	NC50	4 1/2						11/32	6 9/32		OK	NC50	43/64	5 5/16					6 5/16		OK		

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"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour. M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ Equipment / Inspector Information Equipment Used From Unit # <u>14</u> Qual. Date(s) MT _____ PT <u>6/6/2022</u> Level II Inspector: <u>Doug Perez</u> Signature: <u>Doug Perez</u> Signature guarantees final walk thru of job and job site	Magnaflux Developer: SKD-S2 Batch # <u>22A07C</u> Dwell Time: <u>10</u> min White Light: <u>100+</u> Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # <u>22B056</u> Dwell Time: <u>20</u> min
System Effectiveness:	LP-Comparative 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"/>		
Job Information						
B _____ V _____ D _____ P _____						
3rd Party Rep _____ Signature: _____						