



BOTTOM HOLE ASSURANCE, INC.

No. DIR 62222SB1

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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CUSTOMER **S.B.E.S.** 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION **SHOP**
PROJECT _____

AUTHORIZED BY **MELVIN**
P.O. / JOB # **WO# 323931806**

INVOICE NO. **N/A**
DATE: **6/22/2022**

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	Connection Size	Pin Length	PIN							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	Bore Diameter	B S R	OK or Reject	Remarks					
										Pin Neck Lgth	Pin Rel. Width	Bevel Diameter	B S R	OK or Reject	Remarks																		
SN:12084768 PN:120141716	6.75 PM SUB	8.65	FL	FL	2 13/16	6 11/16	6 11/16	NC 50	4 7/16					5/16	6 5/16	-	acc		NC 50	11/16	5 5/16					6 5/16		acc					
	WO# MR52299																																

Remarks: INSP AS PER D00685901 REV.T CW STAMPED

Batch # Info.		Connection Inspection		Body Inspection		Body Dry M.P.I.		Blacklight Inspection			Liquid Penetrant Inspection		
20-B	Wet Flour, M.P.I. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Wet Flour, M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/>	Residual <input type="checkbox"/>	Blacklight Intensity: _____	Bath Mixture: _____	Whitelight: _____	Magnaflux Developer: SKD-S2	Batch # 19F03K		
Dry Powder	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Liq. Pen. <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Equipment / Inspector Information			Dwell Time: <u>20</u> min	White Light: <u>150 FC</u>		
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"/>	Equipment Used From Unit # <u>31</u>	Qual. Date(s) _____	MT _____	PT <u>2/1/2021</u>	Magnaflux Penetrant <input checked="" type="checkbox"/> SKL-WP2		
White Contrast	Long. Insp. <input type="checkbox"/>	AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Level II Inspector: BROCK GARY			(Check one) <input type="checkbox"/> ZL-60D	Batch # 20H09K		
14-A	Trans. Insp. <input type="checkbox"/>	DC Current <input type="checkbox"/>	Trans. Insp. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Profile Gage RSC OK <input checked="" type="checkbox"/>			Signature: <i>Brock Gary</i>			Dwell Time: <u>30</u> min	Signature guarantees final walk thru of job and job site	
System Effectiveness: LP-Comparative Block <input checked="" type="checkbox"/>			Dry MP-Castrol Strip <input type="checkbox"/>			Wet MP-Castrol Strip <input type="checkbox"/>			Job Information				
			3rd Party Rep _____			Signature: _____			B <input type="checkbox"/> V <input type="checkbox"/> BG <input type="checkbox"/> D <input type="checkbox"/> BG <input type="checkbox"/> P <input type="checkbox"/> BG <input type="checkbox"/>				