

**BOTTOM HOLE ASSURANCE, INC.**

No. DIR 11323B1



*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 RYAN BROUSSARD  
P.O. / JOB # WO# 324684041

INVOICE NO. \_\_\_\_\_  
DATE: 1/13/2023

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 Lgh	Bevel Diameter	BSR	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgh	Float Bore Lgh	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter		BSR	OK or Reject
SN: 13009272 PN: 102684071	14.4375" NEAR BIT SLEEVE	1.72			2 13/16	9 1/2	9 1/2	7 5/8 REG	5 5/16						3/8	8 13/16		OK		7 5/8 REG	5/8	7 1/16					8 13/16		OK	
								Blades										OK												

Remarks: INSPECTED PER D00685901 REV. T - ALL API CONNECTIONS MARKED FOR COLD WORK UNLESS NOTED

Batch # Info.		Connection Inspection		Body Inspection			Body Dry M.P.I		Blacklight Inspection			Liquid Penetrant Inspection	
20-B	21J002	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: 3500	Bath Mixture: 0.25	Whitelight: 0.1	Magnaflox 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"/>	Equipment / Inspector Information					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"/>	Equipment Used From Unit # 14	Qual. Date(s) MT 6/6/2022 PT _____			Dwell Time: _____ min	
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"/>	DC Current <input type="checkbox"/>	Level II Inspector: Doug Perez					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"/>			Signature: <u>Doug Perez</u>					Magnaflox Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D
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"/>	3rd Party Rep _____		Batch # _____					Dwell Time: _____ min
Job Information						Signature: _____		Signature guarantees final walk thru of job and job site					
B _____	V _____	D _____	P _____										