



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR 113023CPS-1

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CUSTOMER HALLIBURTON ICC		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION	AUTHORIZED BY WADE RILEY		INVOICE NO.		
RIG		OCS-G & WELL NO.		PROJECT	P.O. NO. / JOB NO. 1017510006	DATE 11/30/2023		
SERIAL NO.	DESCRIPTION			THREAD GAGE	THREAD GAGE S/N	THREAD GAGE CAL.		
1	51744	TEST FIXTURE-ACC			1 1/8-12	SDM-2866	3/3/23	
2	51745	TEST FIXTURE-ACC			2 1/8-12	SDM-2866	3/3/23	
3	41242	TEST FIXTURE-ACC			1/2-14	SDM-2866-2	3/3/23	
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SUMMARY: INSPECT AS PER: MAN-GL-HAL-HCT-900 REV. 6.2

Batch # Info.	Connection Inspection		Body Inspection			Body Dry M.P.I	
20-B 20A106	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"/>	
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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	DC Current <input checked="" 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>4201</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>13</u> Qual. Date(s) MT <u>2/16/2023</u> PT <u>8/9/2023</u>
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: (Check one) <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: BRONZE POIRIER Signature: <u>Bronze Poirier</u> <small>Signature guarantees final walk thru of job and job site</small>
Job Information B _____ BP _____ V _____ BP _____ D _____ P _____ BP _____	Customer Rep Signoff: _____



By david.patin@bottomholeassurance.com at 8:39:36 AM, 11/30/2023