



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR 42925-1

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

CUSTOMER Hole Opener Corp		3rd PARTY	FACILITY / LOCATION Shop		AUTHORIZED BY Donovan		INVOICE NO. 42925		
RIG		OCS-G & WELL NO.			PROJECT	P.O. NO. / JOB NO.		DATE 7/2/2021	
SERIAL NO.	DESCRIPTION				PIN	BOX	I.D.	O.D.	LENGTH
1	DTU-19-1175-2								
2	11 3/4" Underreamer Body - OK								
3	(Re-inspect reworked area of Hinge Block holes)								
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SUMMARY: Inspection as per DS-1 Volume 4

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. Lq. Pen. <input type="checkbox"/>	Residual <input type="checkbox"/>	Vis. Lq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Long Insp. <input type="checkbox"/>	Continuous <input type="checkbox"/>
7-HF	Flour Lq. Pen. <input type="checkbox"/>	Continuous <input type="checkbox"/>	Flour Lq. Pen. <input type="checkbox"/>	AC Current <input checked="" 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 type="checkbox"/>	Trans. Insp. <input 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 <input type="checkbox"/>	Dry M.P.-Castrol Strip <input type="checkbox"/>	Wet M.P.-Castrol Strip <input checked="" type="checkbox"/>			

Blacklight Inspection			Equipment / Inspector Information		
Blacklight Intensity: 7250	Bath Mixture: 0.25	Whitelight: 0.0	Equipment Used From Unit #: 29	Qual. Date(s): MT 2/1/2021	PT
Liquid Penetrant Inspection			3rd Party Rep. _____		
Whitelight: _____			Signature: _____		
Magnalux Developer: SKD-S2	Magnalux Penetrant: <input type="checkbox"/> SKL-WP2	<input type="checkbox"/> ZL-600	Level II Inspector: Lucas Broussard		
Batch # _____	(Check one)		Signature: <u>LB</u>		
Dwell Time: _____ min	Batch # _____	Dwell Time: _____ min	Signature: _____		
Job Information			Customer Rep Signoff: _____		
B _____ LB _____	V _____ LB _____	D _____ P _____ LB _____	Signature guarantees final work thru of job and job site		