



BOTTOM HOLE ASSURANCE, INC.

No. DIR DIR 42925-4

*Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection*

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CUSTOMER Hole Opener Corp RIG 3RD PARTY AUTHORIZED BY Donovan INVOICE NO. 42925
 FACILITY / LOCATION Shop PROJECT OC54 & WELL DATE: 7/14/2021
 P.O. / JOB # _____

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 Lgth	Bevel Diameter	B S R		OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter
DTU-08-22-2	22" UNDER REAMER BODY	5.96			N/A	10"	10"					7 5/8 REG	23/32	7 1/16			8 1/2	N/A	OK		
JSS-18-22-8	JET SUB	3.26			3 1/4						1/4	8 5/16		N/A	OK						

Remarks: _____

MAG INSP. CONNECTION AS PER DS-1 VOLUME 4

Batch #	Inspection	Connection Inspection	Body Inspection
20-B	20B065	<input type="checkbox"/> Wet Fluor. M.F.P. <input type="checkbox"/> Dry M.F.P. <input type="checkbox"/> Residual <input type="checkbox"/> Long Insp. <input type="checkbox"/> Filter Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/> Wet MP-Control Strip <input type="checkbox"/> Dry MP-Control Strip <input type="checkbox"/> 3rd Party Rep	<input type="checkbox"/> Body Dry N.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/> Wet MP-Control Strip <input type="checkbox"/> Dry MP-Control Strip <input type="checkbox"/> 3rd Party Rep

Blacklight Intensity: 5000 Bath Machine: 0.25 Weight: 0.1

Equipment Used: Front Unit # 25 Equipment / Inspector Information: _____
 Local District: AT Date: 5/6/2019 PT _____

Liquid Penetrant Inspection:
 Magnalox Developer: SOL-5Z Batch # _____
 Wet Time _____ min
 Wash Light _____ (Check time)
 Developer Penetrant # S42-892 Batch # _____
 Swab Time _____ min

Level II Inspector: TANNER BLANCHARD Signature: _____
 Signature Guidelines: Visit website at pub.ahc.org

Job Information: TB _____ V _____ D _____ P _____ TB _____