

# BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

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CUSTOMER / RIG _____ OCS-G & WELL _____	FACILITY / LOCATION <u>Shop</u> PROJECT _____	AUTHORIZED BY <u>Donovan</u> P.O. / JOB # _____	INVOICE NO. <u>42931</u> DATE: <u>8/20/2021</u>
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Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	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	PIN										BOX									
																		INT INT (B)	INT INT (B)	INT INT (B)	INT INT (B)	4 1/2 reg	4 1/2 reg	58	58	4 11/16	4 11/16	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgth Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks	
DTU-21-818-3	8 1/8" Underreamer Body	3.76	9 1/4		N/A	8 1/8	6"	INT INT (B)								OK		4 1/2 reg	58	4 11/16	5 45/64		OK														
DTU-21-818-4	8 1/8" Underreamer Body	3.77	9 1/4		N/A	8 1/8	6"	INT INT (B)								OK		4 1/2 reg	58	4 11/16	5 43/64		OK														

Remarks: Inspection as per DS-1 Volume 4		Customer Rep Signoff: _____			
Batch # Info: 20-B 20B065 Wet Flour M.P.I. Dry Powder 130531 Residual 7-HF Flour Lq. Pen. White Contrast Long. Insp. 14-A Trans. Insp.		Connection Inspection: Wet Flour M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Lq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/> Flour Lq. Pen. <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/> DC Current <input type="checkbox"/> LP-Comparative Block <input type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>			
System Effectiveness: 3rd Party Resp _____ Wet MP-Castrol Strip <input checked="" type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>		Body Inspection: Body Dry M.P.I. <input type="checkbox"/> Dry M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>			
Job Information: B LE _____ V _____ LB _____ D _____ P _____ LB _____		Liquid Penetrant Inspection: Magnaflux Developer: SKD-S2 Batch # _____ Dwell Time: _____ min White Light: _____ Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # _____ Dwell Time: _____ min			
Level II Inspector: <u>Lucas Broussard</u> Signature: <u>Lucas Broussard</u> Signature guarantees final walk-thru of job and job site		Equipment Used From Unit # <u>29</u> Equip. Date(s) <u>MT 2/1/2021</u> PT _____ Signature: _____			