



**BOTTOM HOLE ASSURANCE, INC.**

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

No. IR 42931-13

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

CUSTOMER Hole Opener Corp		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION Taylor	AUTHORIZED BY Donovan		INVOICE NO. 42931			
RIG		OCS-G & WELL NO.		PROJECT	P.O. NO. / JOB NO.		DATE 8/23/2021		
SERIAL NO.	DESCRIPTION			PIN	BOX	I.D.	O.D.	LENGTH	
1	05-145-006-028	Flow Tube (repaired end inspected only) - OK							
2	05-220-006-026	Flow Tube (repaired end inspected only) - OK							
3	05-220-006-028	Flow Tube (repaired end inspected only) - OK							
4	05-220-006-049	Flow Tube (repaired end inspected only) - OK							
5									
6	05-220-007-041	Piston (re-cut pin inspected only) - OK							
7	05-220-007-045	Piston (repaired end inspected only) - OK							
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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 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 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: 8850	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: _____		
Magnaflux Developer: SKD-S2	Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D (Check one)		Level II Inspector: Lucas Broussard		
Batch # _____	Batch # _____		Signature: <i>Lucas Broussard</i>		
Dwell Time: _____ min	Dwell Time: _____ min		Signature guarantees final walk thru of job and job site		
Job Information			Customer Rep Signoff: _____		
B _____ LB	V _____ LB	D _____ P _____ LB			