



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR 42931-14

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

CUSTOMER Hole Opener Corp		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION Shop	AUTHORIZED BY Donovan		INVOICE NO. 42931			
RIG		OCS-G & WELL NO.		PROJECT	P.O. NO. / JOB NO.		DATE 8/26/2021		
SERIAL NO.	DESCRIPTION			PIN	BOX	I.D.	O.D.	LENGTH	
1	05-950-006-005	Flow Tube - OK							
2	05-117-009-026	Bushing - 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 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 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 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 Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>8850</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.0</u>	Equipment Used From Unit # <u>29</u> Qual. Date(s) MT <u>2/1/2021</u> PT _____
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: Lucas Broussard Signature: <u>Lucas Broussard</u> <small>Signature guarantees final walk thru of job and job site</small>
Job Information B _____ LB _____ V _____ LB _____ D _____ P _____ LB _____	Customer Rep Signoff: _____