



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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CUSTOMER Hole Opener Corp RIG 3RD PARTY PROJECT _____
 AUTHORIZED BY Donovan P.O. / JOB # _____
 FACILITY / LOCATION Shop INVOICE NO. 42931
 DATE: 8/10/2021

Serial #	Tool Description	PIN						BOX						Remarks				
		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
XO-19-95-5	X-OVER	3.95	23 3/4	22 1/2	N/A	9 1/2	8"	7 5/8 REG	11/16	7 3/32	4 13/16	17 1/4						
								6 5/8 REG	11/16	6 1/16								

Remarks: CONNECTION INSP AS PER DS-1 VOLUME 4

Batch # Info.				Connection Inspection						Body Inspection						Blacklight Inspection		Liquid Penetrant Inspection			
20-B	20B066	Wet Flour M.P.I.	<input checked="" type="checkbox"/>	Dry M.P.I.	<input type="checkbox"/>	Residual	<input type="checkbox"/>	Wet Flour M.P.I.	<input type="checkbox"/>	Dry M.P.I.	<input type="checkbox"/>	Residual	<input type="checkbox"/>	Blacklight Intensity:	5345	Bath Mixture:	0.25	Whitlight:	0.1	Magniflux Developer:	SKO-S2
Dry Powder	7-HF	Vis. Liq. Pen.	<input type="checkbox"/>	Residual	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Vis. Liq. Pen.	<input type="checkbox"/>	Long. Insp.	<input type="checkbox"/>	Trans. Insp.	<input type="checkbox"/>	Equipment Used From Unit #	25	Equipment / Inspector Information				Batch #	
White Contrast	14-A	Flour Liq. Pen.	<input type="checkbox"/>	Continuous	<input checked="" type="checkbox"/>	AC Current	<input type="checkbox"/>	Flour Liq. Pen.	<input type="checkbox"/>	AC Current	<input type="checkbox"/>	DC Current	<input type="checkbox"/>	Qual. Date(s)	MT 5/6/2019	PT			Dwell Time:		
		Long. Insp.	<input type="checkbox"/>	AC Current	<input type="checkbox"/>	DC Current	<input type="checkbox"/>	Long. Insp.	<input type="checkbox"/>	Visible M.P.I.	<input type="checkbox"/>								Magniflux Penetrant:	SKL-WP2	
		Trans. Insp.	<input checked="" type="checkbox"/>	DC Current	<input checked="" type="checkbox"/>			Trans. Insp.	<input type="checkbox"/>	Wet MP-Castrol Strip	<input checked="" type="checkbox"/>	Profile Gauge RSC OK	<input checked="" type="checkbox"/>	Level II Inspector:	TANNER BLANCHARD				(Check one)		
System Effectiveness:		LP-Comparative Block	<input type="checkbox"/>					Dry MP-Castrol Strip	<input type="checkbox"/>					Signature:	Tanner Blanchard					Batch #	
Job Information				3rd Party Rep																	
B	TB	V	TB	D	P	TB														Dwell Time:	