



BOTTOM HOLE ASSURANCE, INC.

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

No. IR 42931-5

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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 8/13/2021		
SERIAL NO.	DESCRIPTION				PIN	BOX	I.D.	O.D.	LENGTH	
1	05-950-025-028	Cutter Arm - OK								
2	05-950-025-029	Cutter Arm - OK								
3	05-950-025-030	Cutter Arm - OK								
4	05-950-025-031	Cutter Arm - OK								
5	05-950-025-032	Cutter Arm - OK								
6	05-950-025-033	Cutter Arm - 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: 8350	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 checked="" type="checkbox"/> ZL-60D	(Check one)		
Batch # _____	Batch # _____	Level II Inspector: Lucas Broussard		
Dwell Time: _____ min	Dwell Time: _____ min	Signature: <u>Lucas Broussard</u> <small>Signature guarantees final walk thru of job and job site</small>		
Job Information			Customer Rep Signoff: _____	
B _____ LB	V _____ LB	D _____	P _____ LB	