



BOTTOM HOLE ASSURANCE, INC.

No. BHR 43072-1

*Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection*

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CUSTOMER Hole Operator: 3RD PARTY FACILITY/LOCATION Shop: _____
RIG: _____ PROJECT Soldier Operating / RA-30928
OCS-6 & WELL _____ AUTHORIZED BY Donovan P.O. / JOB # PO:7827
INVOICE NO. 41072 DATE: 4/19/2021

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN								Remarks							
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Lgth	Pin Rad. Width	Bevel Diameter		B S R	OK or Reject					
HOC6-0-1205	6" Security Hole Operator	6.35		17.5/8	1 1/2	4 1/4		3 1/2 reg	3.3/4					3/16	4.3/32	2.4/09	OK		BOX				Remarks
	(2) Lead Pin																		Wall Thickness	Counterbore	Bevel Diameter	B S R	
	N/A																						
	N/A																						
	N/A																						

Full body inspection as per DS-1 Volume 4

Customer Rep. Signoff: _____

Remarks: _____

Batch # Info	Connection Inspection	Body Inspection	Body Dry M.P.I	Bluelight Inspection	Liquid Penetrant Inspection
20-B 208065 Dry Powder 130531 7-HF White Contrast 14-A System Effectiveness: LP-Compartive Block Job Information B LB V LB D P LB	<input checked="" type="checkbox"/> Wet Flour M.P.I <input type="checkbox"/> Residual <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input checked="" type="checkbox"/> DC Current <input type="checkbox"/> Wet Flour M.P.I <input type="checkbox"/> Residual <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input checked="" type="checkbox"/> DC Current <input type="checkbox"/> Wet NP-Castrol Slip <input checked="" type="checkbox"/> Visible M.P.I <input type="checkbox"/> Visible M.P.I <input checked="" type="checkbox"/> DC Current <input type="checkbox"/> AC Current <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/> Profile Gauge RSCOK	<input checked="" type="checkbox"/> Dry M.P.I <input checked="" type="checkbox"/> Long Insp. <input checked="" type="checkbox"/> Trans. Insp. <input type="checkbox"/> Wet NP-Castrol Slip <input checked="" type="checkbox"/> 3rd Party Rep	<input type="checkbox"/> Residual <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input checked="" type="checkbox"/> DC Current	Bluelight Intensity 7250 Bath Maxine 025 WhiteLight 0.0 Equipment/Inspector Information Equipment Used From Unit # 29 Unit (Date) MT 2/12/21 Level II Inspector: Lucias Broussard Signature: Signature guarantees that work was done at job site	Magniflux Developer SID-S2 Dwell Time _____ min White Light _____ Magniflux Penetrant: SKI-MP2 (Check one) <input type="checkbox"/> ZL-800 Batch # _____ Dwell Time _____ min