



BOTTOM HOLE ASSURANCE, INC.

No. IR 43233-1

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

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CUSTOMER HOLE OPENER CORP.		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION SHOP	AUTHORIZED BY DONOVAN		INVOICE NO. 43233	
RIG		OCS-G & WELL NO.		PROJECT ARK-LA-TEX RA-30924	P.O. NO. / JOB NO. 7775	DATE 6/25/2021	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1	05-117-025-043	CUTTER ARMS -OK					
2	05-117-025-040	CUTTER ARMS -OK					
3	05-117-025-041	CUTTER ARMS -OK					
4	05-117-025-044	CUTTER ARMS -OK					
5	05-117-025-042	CUTTER ARMS -OK					
6	05-117-025-045	CUTTER ARMS -OK					
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SUMMARY: MAG.INS.P. CUTTER ARMS 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 <input type="checkbox"/>		Dry MP-Castrol Strip <input type="checkbox"/>		Wet MP-Castrol Strip <input checked="" type="checkbox"/>		

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>3898</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>17</u>
	Qual Date(s) <u>MT</u> <u>2/1/2021</u> <u>PT</u>
Liquid Penetrant Inspection	3rd Party Rep. _____
Whitelight: _____	Signature: _____
Magnaflux Developer: SKD-S2	
Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2	
(Check one) <input type="checkbox"/> ZL-60D	
Batch # _____ Dwell Time: _____ min	Level II Inspector: <u>LEVAR EAGLIN</u>
Batch # _____ Dwell Time: _____ min	Signature: <u>[Signature]</u>
Job Information	<small>Signature guarantees final walk thru of job and job site</small>
<u> </u> <u> </u> LC <u> </u> V <u> </u> LE <u> </u> D <u> </u> P <u> </u> LE <u> </u>	Customer Rep Signoff: _____