



BOTTOM HOLE ASSURANCE, INC.

No. IR 43257-2

Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection

Email: BHAInc@bottomholeassurance.com
109 Citron Drive • Youngsville, LA 70592

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

CUSTOMER Hole Opener International		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION Shop	AUTHORIZED BY Donovan		INVOICE NO. 43257	
RIG		OCS-G & WELL NO.		PROJECT Titan Tools RA-10146	P.O. NO. / JOB NO. 103075	DATE 5/24/2021	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1							
2							
3							
4							
5							
6							
7	05-725-020-015	Cutter Arm - OK	INT - OK				
8	05-725-020-016	Cutter Arm - OK	INT - OK				
9	05-725-020-017	Cutter Arm - OK	INT - OK				
10	05-220-016-109	Wash Sleeve - OK					
11	05-220-016-110	Wash Sleeve - OK					
12	05-220-016-111	Wash Sleeve - OK					
13	05-725-011-057	Hinge Block - OK					
14	05-725-011-058	Hinge Block - OK					
15	05-725-011-059	Hinge Block - OK					
16	05-800-011-052	Hinge Block - OK					
17	05-800-011-053	Hinge Block - OK					
18	05-725-010-052	Hinge Block - OK					
19	05-725-010-053	Hinge Block - OK					
20	05-725-010-054	Hinge Block - OK					
21	05-800-014-057	Hinge Pin Retainer - OK					
22	05-800-014-058	Hinge Pin Retainer - OK					
23	05-800-014-059	Hinge Pin Retainer - OK					
24	05-117-014-054	Hinge Pin Retainer - OK					
25	05-117-014-055	Hinge Pin Retainer - OK					
26	05-117-014-056	Hinge Pin Retainer - OK					
27	05-117-009-025	Bushing - OK					
28	05-117-011-042	Hinge Block - OK					
29	05-117-011-043	Hinge Block - OK					
30	05-117-011-044	Hinge Block - OK					
31	05-117-011-045	Hinge Block - OK					
32	05-117-011-046	Hinge Block - OK					
33	05-117-011-047	Hinge Block - OK					
34	05-117-010-165	Hinge Block - OK					
35	05-117-010-166	Hinge Block - OK					
36	05-117-010-167	Hinge Block - OK					
37	05-117-010-168	Hinge Block - OK					
38	05-117-010-169	Hinge Block - OK					
39	05-117-010-170	Hinge Block - OK					
40							

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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Long Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" type="checkbox"/>		DC Current <input type="checkbox"/>
14-A	Trans. Insp. <input checked="" type="checkbox"/>	DC Current <input checked="" 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>7950</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.0</u>	Equipment Used From Unit # <u>20</u> Qual. Date(s) MT <u>2/1/2021</u> PT _____
Liquid Penetrant Inspection Whitelight: _____ Magnaflox Developer: SKD-S2 Magnaflox 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: <u>Lucas Broussard</u> Signature: <u>LB</u> <small>Signature guarantees final walk thru of job and job site</small>
Job Information B <u>LB</u> V <u>TB</u> D _____ P <u>LB</u>	Customer Rep Signoff: _____