



BOTTOM HOLE ASSURANCE, INC.

No. DIR 43257-3

*Blacklight, Ultrasonic Wall Thickness
& Liquid Penetrant Inspection*

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CUSTOMER: HOLE OPENER INTERNATIONAL RIG: 3RD PARTY FACILITY / LOCATION: SHOP AUTHORIZED BY: DONOVAN INVOICE NO.: 43257
 OCC'S G & WELL PROJECT: Titan Tools RA-10146 P.O. JOB #: 103075 DATE: 5/25/2021

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN							BOX					Remarks										
								Connection Size	Pin Length	Pin Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Neck Lgth	Pin Rel. Width	Bevel Diameter	B S R	OK or Reject	Remarks	Connection Size		Counter Bore Length	Counter Bore Diameter	Float Bore Dia.	Bore Back Dia.	Float Bore Lgth	Box Thread Length	Counter Bore Wall Thickness	Bevel Diameter	B S R	OK or Reject
RHO14-1203	RHO	5.87	15 1/4	23 3/4	2.316	9 1/2	8"	7.5/8 reg	5 1/4				6.339	7/8	8.5/164	2.785	2.785	OK	6.5/8 reg	11/16	6 1/16					7 1/2	2.604	OK		
N/A	(9) LOCK BOLT																													
N/A	(9) LOAD BOLT																													
R8-175-002-026 027 028	CUTTER ARM (3)																													
RHO14-1202	RHO	6.14	18 3/16	23 5/8	2 7/8	9 1/2	8"	7.5/8 reg	5 3/16				6.339	1"	8.5/164	2.785	2.785	OK	6.5/8 reg	11/16	6 1/16					7 1/2	2.604	OK		
N/A	(9) LOCK BOLT																													
N/A	(9) LOAD BOLT																													
R8-175-002-029 030 031	CUTTER ARM (3)																													

FULL BODY INSPECTION PER DS-1 VOL 4

Remarks: _____

Batch # Info		Connection Inspection		Body Inspection		Body Dry M/P I		Blacklight Inspection		Liquid Penetrant Inspection	
20-B	20B066	<input checked="" type="checkbox"/> Wet Flour M/P I	<input checked="" type="checkbox"/> Dry M/P I	<input type="checkbox"/> Residual	<input type="checkbox"/> Continuous	<input checked="" type="checkbox"/> Dry M/P I	<input checked="" type="checkbox"/> Residual	<input type="checkbox"/> Blacklight Intensity: 5348	<input type="checkbox"/> Bath Mixture: 025	<input type="checkbox"/> Whirlight: Q1	<input type="checkbox"/> Magniflox Developer: SKD S2
7-HF	130531	<input type="checkbox"/> Flour Lig. Pen.	<input type="checkbox"/> Continuous	<input type="checkbox"/> Flour Lig. Pen.	<input type="checkbox"/> AC Current	<input type="checkbox"/> Long Insp	<input type="checkbox"/> DC Current	<input type="checkbox"/> Equipment Used From Unit # 25	<input type="checkbox"/> Equipment/Inspector Information	<input type="checkbox"/> Dwell Time	<input type="checkbox"/> Magniflox Penetrant: SKL-WP2
White Contrast	14-A	<input type="checkbox"/> Long Insp	<input type="checkbox"/> DC Current	<input type="checkbox"/> Long Insp	<input type="checkbox"/> DC Current	<input type="checkbox"/> Trans Insp	<input type="checkbox"/> DC Current	<input type="checkbox"/> Qual Date(s): 5/18/2019	<input type="checkbox"/> PT	<input type="checkbox"/> Dwell Time	<input type="checkbox"/> Magniflox Penetrant: ZL-80D
System Effectiveness:		<input type="checkbox"/> P-Compactive Block	<input type="checkbox"/> DC Current	<input type="checkbox"/> Dry MP-Castor Strip	<input type="checkbox"/> DC Current	<input type="checkbox"/> Wet MP-Castor Strip	<input type="checkbox"/> DC Current	<input type="checkbox"/> Level II Inspector: TANNER BLANCHARD	<input type="checkbox"/> Signature: _____	<input type="checkbox"/> Dwell Time	<input type="checkbox"/> Magniflox Penetrant: ZL-80D
Job Information		3rd Party Rep		Proba Gage RSC OK <input checked="" type="checkbox"/>		Customer Rep Signat:		Level II Inspector: TANNER BLANCHARD		Dwell Time: _____ min	
B	TB	V	TB	D	P	TB	Signature: _____	Signature guarantees final work thru of job and job site		Dwell Time: _____ min	

E-DIR01-05