



**BOTTOM HOLE ASSURANCE, INC.**

No. DIR 43285-5

Blacklight, Ultrasonic Wall Thickness, & Liquid Penetrant Inspection

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CUSTOMER HOLE OPENER CORP     3RD PARTY  
RIG \_\_\_\_\_  
OCS:G & WELL \_\_\_\_\_

FACILITY / LOCATION SHOP  
PROJECT ARENA / RC 51119

AUTHORIZED BY DONOVAN  
P.O. / JOB # 7760

INVOICE NO. 43285  
DATE: 6/22/2021

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	Connection Size	PIN										BOX							Remarks			
									Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Rel. Width	Pin Neck Lgth	Bevel Diameter	B S R	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgth Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness		Bevel Diameter	B S R	OK or Reject
XO-19-950-6	FLOAT SUB	4.00	23 1/8		2 13/16		9 1/2											7 5/8 REG	5/8	7 1/16	4 13/16	17 5/16				8 29/64	2.79	OK	
			23 1/4		2 13/16		8"											6 5/8 REG	5/8	6 1/16						7 1/2	2.60	Rej	DAMAGED SHOULDER

Remarks: FULL BODY INSP AS PER D8-1 VOL 4

Customer Rep. Signoff: \_\_\_\_\_

<b>Batch # Info:</b> 20-B 20B065 Dry Powder 130531 7-HF White Contrast 14-A	<b>Connection Inspection</b> Wet Flour M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/>	<b>Body Inspection</b> Wet Flour M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> AC Current <input type="checkbox"/> Trans. Insp. <input type="checkbox"/> DC Current <input checked="" type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	<b>Body Dry M.P.I.</b> Dry M.P.I. <input checked="" type="checkbox"/> Residual <input type="checkbox"/> Long. Insp. <input checked="" type="checkbox"/> Continuous <input checked="" type="checkbox"/> Trans. Insp. <input type="checkbox"/> AC Current <input checked="" type="checkbox"/> DC Current <input type="checkbox"/>	<b>Blacklight Inspection</b> Blacklight Intensity <u>4200</u> Bath Mixture <u>0.25</u> Wavelength <u>0.1</u>	<b>Liquid Penetrant Inspection</b> Magnaflox Developer SKD-S2 Batch # _____ Dwell Time _____ min White Light _____ Magnaflox Penetrant SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Dwell Time _____ min
<b>System Effectiveness:</b> LP-Comparative Block <input type="checkbox"/> Dry MP-Castrol Strip <input checked="" type="checkbox"/> Wet MP-Castrol Strip <input checked="" type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>	<b>3rd Party Rep:</b> _____ Signature: _____			<b>Equipment / Inspector Information</b> Equipment Used From Unit # <u>17</u> Qual. Date(s): <u>MT 2/1/2021</u> PT _____ Level II Inspector: <u>LEVAR EAGLIN</u> Signature: _____ Signature guarantees final work thru of job and job site	
<b>Job Information</b> B _____ LB _____ V _____ LE _____ D _____ P _____ LE _____					