



BOTTOM HOLE ASSURANCE, INC.

No. IR 43289-1


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

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CUSTOMER HOLE OPENER INTERNATIONAL		3rd PARTY	FACILITY / LOCATION SHOP	AUTHORIZED BY DONOVAN		INVOICE NO. 43289	
RIG		OCS-G & WELL NO.		PROJECT PHATECO Tech Srv / CO 1315	P.O. NO. / JOB NO. 103115	DATE 6/15/2021	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1							
2	S14-825-011-019	18" CUTTER KNIFE - OK					
3	S14-825-011-018	18" CUTTER KNIFE - OK					
4	S14-825-011-017	18" CUTTER KNIFE - Rej (CRACKED)					
5							
6	S14-825-013-012	24" CUTTER KNIFE - OK					
7	S14-825-013-010	24" CUTTER KNIFE - OK					
8	S14-825-013-011	24" CUTTER KNIFE - OK					
9							
10	S14-825-010-019	36" CUTTER KNIFE - OK					
11	S14-825-010-020	36" CUTTER KNIFE - OK					
12	S14-825-010-021	36" CUTTER KNIFE - OK					
13							
14	S14-825-012-011	CUTTER KNIFE - REJ (CRACKED)					
15	S14-825-012-012	CUTTER KNIFE - REJ (CRACKED)					
16	S14-825-012-010	CUTTER KNIFE - REJ (CRACKED)					
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SUMMARY: FULL BODY INSP AS PER DS-1 VOL 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>4835</u>		Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>25</u>			
Liquid Penetrant Inspection				Qual. Date(s) <u>MT</u> <u>5/8/2010</u> <u>PT</u>			
Whitelight: _____				3rd Party Rep: _____			
Magnaflux Developer: SKD-S2		Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2	Signature: _____				
		(Check one) <input type="checkbox"/> ZL-60D					
Batch # _____	Batch # _____		Level II Inspector: <u>TANNER BLANCHARD</u>				
Dwell Time: _____ min	Dwell Time: _____ min		Signature: 				
Job Information				Signature guarantees final walk thru of job and job site			
B _____	TB _____	V _____	TB _____	D _____	P _____	TB _____	Customer Rep Signoff: _____