



**BOTTOM HOLE ASSURANCE, INC.**

No. IR 43486

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

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CUSTOMER HOLE OPENER INTERNATIONAL		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION SHOP	AUTHORIZED BY DONOVAN		INVOICE NO. 43486	
RIG		OCS-G & WELL NO.		PROJECT BAKER HUGHES AZBR /CO 1325	P.O. NO. / JOB NO. 103120	DATE 7/19/2021	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1							
2	S05-16B-011-081	HINGE BLOCK - OK					
3	S05-16B-011-079	HINGE BLOCK - OK					
4	S05-16B-011-077	HINGE BLOCK - OK					
5	S05-16B-011-080	HINGE BLOCK - OK					
6	S05-16B-011-076	HINGE BLOCK - OK					
7	S05-16B-011-078	HINGE BLOCK - OK					
8							
9	S05-16B-010-077	HINGE BLOCK - OK					
10	S05-16B-010-078	HINGE BLOCK - OK					
11	S05-16B-010-079	HINGE BLOCK - OK					
12	S05-16B-010-080	HINGE BLOCK - OK					
13	S05-16B-010-081	HINGE BLOCK - OK					
14	S05-16B-010-082	HINGE BLOCK - OK					
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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-Comparitive Block  Dry MP-Castrol Strip  Wet MP-Castrol Strip

Blacklight Inspection			Equipment / Inspector Information		
Blacklight Intensity: 4637	Bath Mixture: 0.25	Whitelight: 0.1	Equipment Used From Unit # 25	Qual. Date(s) MT 5/8/2019	PT
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	Level II Inspector: TANNER BLANCHARD		
Batch # _____	Batch # _____		Signature:		
Dwell Time: _____ min	Dwell Time: _____ min		Signature guarantees final walk thru of job and job site		
Job Information			Customer Rep Signoff: _____		
B TB	V TB	D P TB			