

# BOTTOM HOLE ASSURANCE, INC.

No. IR 43487



Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection  
Email: BHAInc@bottomholeassurance.com  
109 Citron Drive • Youngsville, LA 70592  
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CUSTOMER HOLE OPENER INTERNATIONAL		3rd PARTY <input type="checkbox"/>	FACILITY / LOCATION SHOP	AUTHORIZED BY DONOVAN		INVOICE NO. 43487	
RIG		OCS-G & WELL NO.		PROJECT TITAN TOOLS Stock /OR 103088	P.O. NO. / JOB NO. 103121		DATE 7/19/2021
SERIAL NO.	DESCRIPTION	PIN	BOX	I.D.	O.D.	LENGTH	
1							
2	05-800-007-016	PISTON - OK					
3	05-800-007-015	PISTON - OK					
4	05-800-006-014	FLOW TUBE - OK					
5	05-725-008-015	STOP PIPE - OK					
6	05-725-008-016	STOP PIPE - OK					
7	05-800-006-015	FLOW TUBE - OK					
8	05-800-021-009	CUTTER ARM - OK					
9	05-800-021-008	CUTTER ARM - OK					
10	05-800-021-007	CUTTER ARM - OK					
11	05-800-021-006	CUTTER ARM - OK					
12	05-800-021-005	CUTTER ARM - OK					
13	05-800-021-004	CUTTER ARM - OK					
14	05-800-021-003	CUTTER ARM - OK					
15	05-800-021-002	CUTTER ARM - OK					
16	05-800-021-001	CUTTER ARM - OK					
17		YOKE - OK					
18	05-725-005-016	YOKE - OK					
19	05-725-005-017	YOKE - OK					
20		BUSHING - OK					
21	05-725-009-021	BUSHING - OK					
22	05-725-009-022	BUSHING - OK					
23		CAM LOCK - OK					
24	05-800-014-063	CAM LOCK - OK					
25	05-800-014-062	CAM LOCK - OK					
26	05-800-014-061	CAM LOCK - OK					
27	05-800-014-060	CAM LOCK - OK					
28	05-800-014-064	CAM LOCK - OK					
29	05-800-014-065	CAM LOCK - OK					
30		HINGE BLOCK - OK					
31	05-800-013-055	HINGE BLOCK - OK					
32	05-800-013-056	HINGE BLOCK - OK					
33	05-800-013-052	HINGE BLOCK - OK					
34	05-800-013-053	HINGE BLOCK - OK					
35	05-800-013-050	HINGE BLOCK - OK					
36	05-800-013-051	HINGE BLOCK - OK					
37	05-800-013-049	HINGE BLOCK - OK					
38	05-800-013-048	HINGE BLOCK - OK					
39	05-800-013-054	HINGE BLOCK - OK					
40							

SUMMARY: FULL BODY INSP AS PER DS-1 VOL 4 TITAN TOOLS Stock /OR 103088 (OR = ORDER RECEPTION)

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 checked="" 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 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"/>		<b>Blacklight Inspection</b>		<b>Equipment / Inspector Information</b>	
Blacklight Intensity: <u>4637</u>	Bath Mixture: <u>0.25</u>	Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>25</u>	Qual. Date(s) MT <u>5/8/2019</u>	PT _____
<b>Liquid Penetrant Inspection</b>			3rd Party Rep: _____		
Whitelight: _____			Signature: _____		
Magnaflux Developer: SKD-S2	Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2	<input type="checkbox"/> ZL-60D	Level II Inspector: <u>TANNER BLANCHARD</u>		
Batch # _____	Batch # _____	Dwell Time: _____ min	Signature:		
<b>Job Information</b>			Signature guarantees final walk thru of job and job site		
B _____ TB _____	V _____ TB _____	D _____ P _____ TB _____	Customer Rep Signoff: _____		