



BOTTOM HOLE ASSURANCE, INC.

No. IR 43557

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. 43557		
RIG		OCS-G & WELL NO.		PROJECT BAKER A2	P.O. NO. / JOB NO. CO-1328	DATE 8/4/2021		
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH	
1	S05-16B-010-085	HINGE BLOCK - OK						
2	S05-16B-010-084	HINGE BLOCK - OK						
3	S05-16B-010-083	HINGE BLOCK - OK						
4								
5	S05-16B-011-082	HINGE BLOCK - OK						
6	S05-16B-011-083	HINGE BLOCK - OK						
7	S05-16B-011-084	HINGE BLOCK - OK						
8	S05-16B-011-085	HINGE BLOCK - OK						
9								
10	S05-16B-020-039	ARM - OK						
11	S05-16B-020-038	ARM - OK						
12	S05-16B-020-037	ARM - OK						
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SUMMARY: SPEC AS PER. DS-1 VOL.4

Batch # Info.	Connection Inspection		Body Inspection		Body Dry M.P.I	
20-B 19M089	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-Comparitive Block Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>5200</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>31</u> Qual. Date(s) MT <u>2/1/2021</u> PT _____
Liquid Penetrant Inspection Whitelight: _____ Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D (Check one) Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min	3rd Party Rep: _____ Signature: _____ Level II Inspector: BROCK GARY Signature: <u>Brock Gary</u> <small>Signature guarantees final walk thru of job and job site</small>
Job Information B <u>NR</u> V <u>BG</u> D <u>-</u> P <u>BG</u>	Customer Rep Signoff: _____