



# BOTTOM HOLE ASSURANCE, INC.

No. IR 43657

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. 43657	
RIG		OCS-G & WELL NO.		PROJECT TUMI / CO 1330		P.O. NO. / JOB NO. 103146		DATE 8/18/2021
SERIAL NO.	DESCRIPTION			PIN	BOX	I.D.	O.D.	LENGTH
1								
2	R8-JINSRX-014		INSERT - OK					
3	N/A		INSERT BOLT - OK					
4								
5	R8-JINSRX-013		INSERT - OK					
6	N/A		INSERT BOLT - OK					
7								
8	R8-JINSRX-012		INSERT - OK					
9	N/A		INSERT BOLT - OK					
10								
11	R8-JINSRX-017		INSERT - OK					
12	N/A		INSERT BOLT - OK					
13								
14	R8-JINSRX-015		INSERT - OK					
15	N/A		INSERT BOLT - OK					
16								
17	R8-JINSRX-019		INSERT - OK					
18	N/A		INSERT BOLT - OK					
19								
20	R8-JINSRX-016		INSERT - OK					
21	N/A		INSERT BOLT - OK					
22								
23	R8-JINSRX-018		INSERT - OK					
24	N/A		INSERT BOLT - 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 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"/>		
<b>Blacklight Inspection</b> Blacklight Intensity: <u>5175</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>		<b>Equipment / Inspector Information</b> Equipment Used From Unit # <u>17</u> Qual. Date(s) MT <u>5/6/2019</u> PT _____  3rd Party Rep: _____  Signature: _____  Level II Inspector: <u>TANNER BLANCHARD</u>  Signature: <small>Signature guarantees final walk thru of job and job site</small>
<b>Liquid Penetrant Inspection</b> Whitelight: _____ Magnaflex Developer: SKD-S2 Magnaflex Penetrant: <input type="checkbox"/> SKL-WP2 (Check one) <input type="checkbox"/> ZL-60D Batch # _____ Batch # _____ Dwell Time: _____ min Dwell Time: _____ min		
<b>Job Information</b> B _____ TB _____ V _____ TB _____ D _____ P _____ TB _____		
Customer Rep Signoff: _____		