



BOTTOM HOLE ASSURANCE, INC.

No. DIR 82621B3

Blacklight, Ultrasonic Wall Thickness, & Liquid Penetrant Inspection

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CUSTOMER HALLIBURTON 3RD PARTY
RIG _____
OCS-G & WELL _____

FACILITY / LOCATION SPERRY DRILLING
PROJECT _____

AUTHORIZED BY ALDREN MAYEA
P.O. / JOB # SO#: 907219872-10157

INVOICE NO. _____
DATE: 8/26/2021

Serial #	Tool Description	Overall Length	Fishing Neck Length	Tong Space	Pin I.D.	Pin O.D.	Box O.D.	PIN										BOX										Remarks				
								Connection Size	Pin Length	Pin Cylinder Diameter	Pin Nose Diameter	Pin Relief Diameter	Pin Rel. Width	Pin Neck Lgth	Bevel Diameter	BSR	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Back Dia. Float Bore Dia.	Bore Back Lgth	Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter		BSR	OK or Reject	Remarks	
SN: 11829555 PN: 120164137	4 3/4" HC COLLAR	14.52			2 5/8	4 3/4	4 3/4	NC38	3 15/16						1/4	4 5/8	2.240	Rej	DAMAGED THREADS	NC38	21/32	4 1/16							4 21/32	2.240	Rej	DAMAGED SHOULDER

Remarks: INSPECTED PER D00685901 REV. S ALL API CONNECTIONS MARKED CW UNLESS OTHERWISE NOTED

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I.	Blacklight Inspection	Liquid Penetrant Inspection	
20-B Dry Powder 7-HF White Contrast 14-A	Wet Flour M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Wet Flour M.P.I. <input type="checkbox"/> Vis. Liq. Pen. <input checked="" type="checkbox"/> Flour Liq. Pen. <input type="checkbox"/> Long. Insp. <input type="checkbox"/> Trans. Insp. <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/> Continuous <input type="checkbox"/> Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/> DC Current <input type="checkbox"/>	Blacklight Intensity: _____ Bath Mixture: _____ Whitelight: _____ Equipment / Inspector Information Equipment Used From Unit # <u>1/14/1900</u> Qual. Date(s) MT _____ PT <u>11/11/2019</u> Level II Inspector: <u>DUSTIN KNIGHT</u> Signature: <u><i>Dustin Knight</i></u> <small>Signature guarantees final walk thru of job and job site</small>	Magnaflux Developer: SKD-S2 Batch # <u>21A02U</u> Dwell Time: <u>10</u> min White Light: <u>100+</u> Magnaflux Penetrant: <input checked="" type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D Batch # <u>21A077</u> Dwell Time: <u>20</u> min
System Effectiveness: LP-Comparitive Block <input checked="" type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/> Wet MP-Castrol Strip <input type="checkbox"/> Profile Gage RSC OK <input checked="" type="checkbox"/>						
Job Information						
B _____ V _____ D _____ P _____				3rd Party Rep _____ Signature: _____		