

# BOTTOM HOLE ASSURANCE, INC.

No. IR 43235

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

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CUSTOMER HOLE OPENER INTERNATIONAL		3rd PARTY	FACILITY / LOCATION HOLE OPENER CORP.	AUTHORIZED BY DONOVAN		INVOICE NO. 43235	
RIG		OCS-G & WELL NO.		PROJECT Tumi Contralistas CO-1316	P.O. NO. / JOB NO.	DATE 6/28/2021	
SERIAL NO.	DESCRIPTION		PIN	BOX	I.D.	O.D.	LENGTH
1	V8-G-002-001	CUTTER ARMS -OK					
2	V8-G-002-002	CUTTER ARMS -OK					
3	V8-G-002-003	CUTTER ARMS -OK					
4	V8-G-002-004	CUTTER ARMS -OK					
5							
6	V8-JINS-001	INSERT -OK					
7	V8-JINS-002	INSERT -OK					
8	V8-JINS-003	INSERT -OK					
9	V8-JINS-004	INSERT -OK					
10							
11	N/A	4 - INSERT BOLTS -OK					
12	N/A	12 - LOCK BOLTS -OK					
13	N/A	12 - LOAD BOLTS -OK					
14							
15	N/A	12 - LOAD BOLTS -OK					
16							
17							
18	V10-2101	VIPER BODY -OK					
19							
20							
21							
22							
23							
24							
25							
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39							
40							

SUMMARY: MAG. INSP BODIES AS PER DS-1 VOLUME 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-Comparative Block <input type="checkbox"/>	Dry MP-Castrol Stnp <input type="checkbox"/>	Wet MP-Castrol Stnp <input checked="" type="checkbox"/>			
Blacklight Inspection				Equipment / Inspector Information			
Blacklight Intensity: 5000		Bath Mixture: 0.25		Whitelight: 0.1		Equipment Used From Unit # 11	
				Qual. Date(s) MT 2/1/2021 PT			
Liquid Penetrant Inspection				3rd Party Rep: _____			
Whitelight: _____				Signature: _____			
Magnaflux Developer: SKD-S2		Magnaflux Penetrant: (Check one) <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-60D		Level II Inspector: LEVAR EAGLIN			
Batch # _____ min		Batch # _____ min		Signature: <i>Levar Eaglin</i>			
Dwell Time: _____ min		Dwell Time: _____ min		Signature guarantees full walk thru of job and job site			
Job Information				Customer Rep Signoff: _____			
B	LE	V	LE	D	P	LE	