



BOTTOM HOLE ASSURANCE, INC.

*Blacklight, Ultrasonic Wall Thickness,
& Liquid Penetrant Inspection*

No. IR 42910-1

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Office: (337) 857-8994 Fax: (337) 857-8964

CUSTOMER Hole Opener Corp		3rd PARTY	FACILITY / LOCATION Shop	AUTHORIZED BY Donovan		INVOICE NO. 42910		
RIG		OCS-G & WELL NO.		PROJECT	P.O. NO. / JOB NO.	DATE 6/8/2021		
SERIAL NO.	DESCRIPTION			PIN	BOX	I.D.	O.D.	LENGTH
1								
2	05-220-037-004		PISTON - REJ					
3			(CRACKED PIN ID)					
4								
5	05-220-037-001		PISTON - OK					
6			(INSP 1FT OF BODY)					
7								
8	05-220-005-033		YOKE - OK					
9			(INSP 1FT OF BODY)					
10								
11	05-220-020-030		CUTTER ARM - OK					
12			(INSP 1FT OF BODY)					
13								
14	05-220-020-054		CUTTER ARM - OK					
15			(INSP 1FT OF BODY)					
16								
17								
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40								

SUMMARY: 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 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 Dry MP-Castrol Strip Wet MP-Castrol Strip

Blacklight Inspection	Equipment / Inspector Information
Blacklight Intensity: <u>5468</u> Bath Mixture: <u>0.25</u> Whitelight: <u>0.1</u>	Equipment Used From Unit # <u>25</u> Qual. Date(s) MT <u>5/6/2019</u> PT _____
Liquid Penetrant Inspection 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	3rd Party Rep: _____ Signature: _____ Level II Inspector: <u>TANNER BLANCHARD</u> Signature: <u>Tanner Blanchard</u> <small>Signature guarantees final walk thru of job and job site</small>
Job Information B <u> </u> TB <u> </u> V <u> </u> TB <u> </u> D <u> </u> P <u> </u> TB <u> </u>	Customer Rep Signoff: _____