

**BOTTOM HOLE ASSURANCE, INC.**

No. DIR DIR 42910-2

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

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CUSTOMER Hole Opener Corp  3RD PARTY  
RIG \_\_\_\_\_  
OCS-G & WELL \_\_\_\_\_

FACILITY / LOCATION Shop  
PROJECT NOV POLAND RC 1459

AUTHORIZED BY Donovan  
P.O. / JOB # \_\_\_\_\_

INVOICE NO. 42910  
DATE: 6/16/2021

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	B S R	OK or Reject	Remarks	Connection Size	Counter Bore Length	Counter Bore Diameter	Bore Bore Dia.	Bore Back Lgth		Float Bore Lgth	Box Thread Length	Counterbore Wall Thickness	Bevel Diameter	B S R	OK or Reject	Remarks					
JSS-18-22-7	JET SUB	3.14		25 1/4	2 13/16	10"		7 5/8 REG	5 1/4					1/4	8 51/64	N/A	OK																			
TS-12-16-6	TOP SUB	4.41	33 11/16		N/A		9 1/2											7 5/8 REG	5/8	7 1/16	5 7/8	9 7/16				8 49/64	N/A	OK								
TS-09-16-5	TOP SUB	4.04	15"	29 3/8	3 1/16	9 1/2	16"	7 5/8 REG	5 3/16				6.332	13/16	8 51/64	2.82	OK																		INT	OK

Remarks: MAG. INSP CONNECTION AS PER DS-1 VOLUME 4 Customer Rep Signoff: \_\_\_\_\_

Batch # Info.	Connection Inspection	Body Inspection	Body Dry M.P.I	Blacklight Inspection	Liquid Penetrant Inspection
20-B <u>20B065</u>	Wet Flour, M.P.I. <input checked="" type="checkbox"/> Dry M.P.I. <input type="checkbox"/>	Wet Flour, M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/>	Dry M.P.I. <input type="checkbox"/> Residual <input type="checkbox"/>	Blacklight Intensity: <u>4125</u> Bath Mixture: <u>0.25</u> White Light: <u>0.1</u>	Magnaflux Developer: SKD-S2
Dry Powder	Vis. Liq. Pen. <input type="checkbox"/> Residual <input type="checkbox"/>	Vis: Liq. Pen. <input type="checkbox"/> Continuous <input type="checkbox"/>	Long. Insp. <input type="checkbox"/> Continuous <input type="checkbox"/>	Equipment Used From Unit # <u>17</u>	Batch # _____
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"/>	Qual. Date(s) <u>MT 2/1/2021</u> PT _____	Dwell Time: _____ min
White Contrast	Long. Insp. <input type="checkbox"/> AC Current <input type="checkbox"/>	Long. Insp. <input type="checkbox"/> DC Current <input type="checkbox"/>	DC Current <input type="checkbox"/>	Level II Inspector: <u>LEVAR EAGLIN</u>	White Light: _____
14-A	Trans. Insp. <input checked="" type="checkbox"/> DC Current <input checked="" type="checkbox"/>	Trans. Insp. <input type="checkbox"/> Visible M.P.I. <input type="checkbox"/>	Visible M.P.I. <input type="checkbox"/>	Signature: <u>Levar Eaglin</u>	Magnaflux Penetrant: (Check one) <input type="checkbox"/> SKL-WP2 <input type="checkbox"/> ZL-50D
System Effectiveness:	LP-Comparative Block <input type="checkbox"/> Dry MP-Castrol Strip <input type="checkbox"/>	Wet MP-Castrol Strip <input type="checkbox"/> Profile Gage RSC OK <input type="checkbox"/>		Signature guarantees final walk thru of job at job site	Batch # _____
Job Information			3rd Party Rep: _____		Dwell Time: _____ min
B _____ LE _____ V _____ LE _____ D _____ P _____ LE _____	Signature: _____				