



**BOTTOM HOLE ASSURANCE, INC.**

Blacklight, Ultrasonic Wall Thickness,  
& Liquid Penetrant Inspection

No. IR 42910-5

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| CUSTOMER<br>Hole Opener Corp |                | 3rd PARTY                       | FACILITY / LOCATION<br>Shop | AUTHORIZED BY<br>Donovan |                    | INVOICE NO.<br>42910 |                   |
|------------------------------|----------------|---------------------------------|-----------------------------|--------------------------|--------------------|----------------------|-------------------|
| RIG                          |                | OCS-G & WELL NO.                |                             | PROJECT                  | P.O. NO. / JOB NO. |                      | DATE<br>6/28/2021 |
| SERIAL NO.                   | DESCRIPTION    |                                 | PIN                         | BOX                      | I.D.               | O.D.                 | LENGTH            |
| 1                            | N/A            |                                 |                             |                          |                    |                      |                   |
| 2                            | 4 - BLANK -OK  |                                 |                             |                          |                    |                      |                   |
| 3                            | HD438-010-008  | 5 1/2" MILL BLADE -OK           |                             |                          |                    |                      |                   |
| 4                            | HD438-010-010  | 5 1/2" MILL BLADE -OK           |                             |                          |                    |                      |                   |
| 5                            | HD438-010-009  | 5 1/2" MILL BLADE -OK           |                             |                          |                    |                      |                   |
| 6                            | HD438-010-007  | 5 1/2" MILL BLADE -REJ NOTE: N1 |                             |                          |                    |                      |                   |
| 7                            | HD438-010-011  | 5 1/2" MILL BLADE -REJ NOTE: N1 |                             |                          |                    |                      |                   |
| 8                            | HD438-010-012  | 5 1/2" MILL BLADE -REJ NOTE: N1 |                             |                          |                    |                      |                   |
| 9                            |                |                                 |                             |                          |                    |                      |                   |
| 10                           | HD438-008-008  | RADIAL PLATE -OK                |                             |                          |                    |                      |                   |
| 11                           | HD438-008-009  | RADIAL PLATE -OK                |                             |                          |                    |                      |                   |
| 12                           | HD438-008-0010 | RADIAL PLATE -OK                |                             |                          |                    |                      |                   |
| 13                           | HD438-008-0011 | RADIAL PLATE -OK                |                             |                          |                    |                      |                   |
| 14                           | HD438-008-0012 | RADIAL PLATE -OK                |                             |                          |                    |                      |                   |
| 15                           | HD438-008-007  | RADIAL PLATE -OK                |                             |                          |                    |                      |                   |
| 16                           |                |                                 |                             |                          |                    |                      |                   |
| 17                           |                |                                 |                             |                          |                    |                      |                   |
| 18                           |                |                                 |                             |                          |                    |                      |                   |
| 19                           |                |                                 |                             |                          |                    |                      |                   |
| 20                           |                |                                 |                             |                          |                    |                      |                   |
| 21                           |                |                                 |                             |                          |                    |                      |                   |
| 22                           |                |                                 |                             |                          |                    |                      |                   |
| 23                           |                |                                 |                             |                          |                    |                      |                   |
| 24                           |                |                                 |                             |                          |                    |                      |                   |
| 25                           |                |                                 |                             |                          |                    |                      |                   |
| 26                           |                |                                 |                             |                          |                    |                      |                   |
| 27                           |                |                                 |                             |                          |                    |                      |                   |
| 28                           |                |                                 |                             |                          |                    |                      |                   |
| 29                           |                |                                 |                             |                          |                    |                      |                   |
| 30                           |                |                                 |                             |                          |                    |                      |                   |
| 31                           |                |                                 |                             |                          |                    |                      |                   |
| 32                           |                |                                 |                             |                          |                    |                      |                   |
| 33                           |                |                                 |                             |                          |                    |                      |                   |
| 34                           |                |                                 |                             |                          |                    |                      |                   |
| 35                           |                |                                 |                             |                          |                    |                      |                   |
| 36                           |                |                                 |                             |                          |                    |                      |                   |
| 37                           |                |                                 |                             |                          |                    |                      |                   |
| 38                           |                |                                 |                             |                          |                    |                      |                   |
| 39                           |                |                                 |                             |                          |                    |                      |                   |
| 40                           |                |                                 |                             |                          |                    |                      |                   |

SUMMARY: INSP AS PER DS-1 VOL 4 NOTE: N1 INDICATION FOUND IN MACHINE AREA

| 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: 4000 Bath Mixture: 0.25 Whitelight: 0.1                                                                                                                                                                                                             | Equipment Used From Unit # 11<br>Qual. Date(s) MT 2/1/2021 PT                                                                                                                             |
| <b>Liquid Penetrant Inspection</b><br>Whitelight: _____<br>Magnaflux Developer: SKD-S2 Magnaflux Penetrant: <input type="checkbox"/> SKL-WP2<br>(Check one) <input type="checkbox"/> ZL-60D<br>Batch # _____ Batch # _____<br>Dwell Time: _____ min Dwell Time: _____ min | 3rd Party Rep: _____<br>Signature: _____<br>Level II Inspector: LEVAR EAGLIN<br>Signature: <i>Levar Eaglin</i><br><small>Signature guarantees final walk thru of job and job site</small> |
| <b>Job Information</b><br>B _____ LE _____ V _____ LE _____ D _____ P _____ LE _____                                                                                                                                                                                      | Customer Rep Signoff: _____                                                                                                                                                               |