



Dimensional Inspection Report

16770 HEDGE CROFT DR., STE 710
HOUSTON, TX 77060
281-741-1347
www.lionoil.net

INVOICE #:		INSPECTION REPORT #:		DIM. REPORT #:	
CUSTOMER:		WELL #:		CATEGORY:	1 2 3 4 5
RIG #:		BLOCK:		METHOD:	MT / PT / UT / VT
OCSG:		LEASE:		JOB SITE:	
AFE #:		PO #:		JOB #:	

	Serial Number	Description	Connection Type		I.D. O.D	Profile	F. Neck & Tong Length	Bevel Dia	Seal Width	Pin Length	Pin Cyl. Dia.	REL. GRC. PIN		C' BORE BOX		Last Scratch Box	Boreback Length	Boreback Dia.	Overall Length	Comments	FULL BODY RESULT	CONN NDE RESULT
												Lgth	Dia	Lgth	Dia							
1				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
2				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
3				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
4				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
5				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
6				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
7				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
8				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
9				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									
10				Pin		OK / Rej.								----	----	----	----	----			OK / Rej.	OK / Rej.
				Box		OK / Rej.				----	----	----	----									

*COIL S/N: _____ SIZE: _____ "ID
CALIBRATION DATE: _____
*BLACKLIGHT METER S/N: _____
CALIBRATION DATE: _____
BLACKLIGHT INTENSITY: _____
*GAUSS METER S/N: _____
CALIBRATION DATE: _____

*FLUORESCENT PARTICLES BRAND: _____
BATCH #: _____ BATH STRENGTH: _____ ML/100ML
AC YOKE S/N: _____ 10 LB BLOCK S/N
PENETRANT BRAND: _____ BATCH # _____
DEVELOPER BRAND: _____ BATCH # _____

_____ LEVEL II ASSIST. INSPECTOR	_____ DATE
_____ 3RD PARTY MONITOR	_____ DATE

