



INSPECTION REPORT

REPORT #	INVOICE#
70320190801	70320190800

CUSTOMER	RIG	LOCATION
PRO-MAG		BROUSSARD

NO.	SER. #	TYPE EQUIP.	PIN DIMENSIONS							BOX DIMENSIONS							LENGTH	FULL LENGTH
			CONN. TYPE	PIN OD	PIN ID	BEV DIA.	PIN LTH	TONG SPACE	ACC REJ.	CONN. TYPE	BOX OD	BEV DIA.	CBORE DIA.	CBORE DEPTH	TONG SPACE	ACC. REJ.		
1.	MT-8143	TEST FIXER-INDICATION 1" FROM SHOULDER 1/2 INCH LONG & ONE FOUND 1 1/2 FROM FACE 1/4 INCH LONG																
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
14.																		
15.																		

() Bodies F/L Bidirectional Wet Dry

() Bodies F/L Transverse Wet Dry

() Connections Comments _____

SPECIFICATIONS:

PRO-MAG SOP 100 200 300 400 500 600 800

DSI 3 to 5

DSI OTHER _____

INSPECTOR: *Acu Martinez* LEVEL II

DATE: 3/20/19