

DIMENSION BID



| | |
|---------------------------|---------------------------|
| FULL NAME: | ELDRIAN BIN JUIL |
| JOINED DATE: | 02 AUGUST 2021 |
| CONFIRMATION DATE: | 02 FEBRUARY 2022 |
| REGION: | EAST MALAYSIA |
| DIVISION: | SLICKLINE SERVICES |
| CONTROL DATE: | 27 MARCH 2025 |

DIMENSION BID



TSO Control Process

Congratulations for making it this far in your career with Dimension Bid. TSO is the next step in your career development with more challenging jobs. In addition to having technical expertise in all SLS services, a TSO is expected to have good knowledge and understanding in various aspects of the Company's business.

TSO expectations are set according to your location's requirements, but below you will find some guidelines as minimum requirements to help you succeed in the process.

You may expect to start your TSO Control within 5 - 8 years from joining Dimension Bid Sdn. Bhd, depending on your competency development progress. The TSO module is more technical and operations oriented combined with more exposure to lead the operations to a certain extent. By this stage a SA III is expected to have technical expertise on all SLS services and to have run most of SLS services.

The path for TSO to prepare for SO control will be:

- 1 Perform at least:
 - i. 4ea SLS jobs as TSO – List of job refer to Para 6.3 a. Slickline Personnel Competency Matrix, items no 40 – 59.
 - ii. Conduct 1ea Technical Presentation (preferably at DB KL Office)
 - iii. Conduct 1ea x HSSE SQ Presentation OR 1 HSE Contribution Activity
 - iv. Conduct 3ea In-house Trainings (1xPCE, 1xSurface Equipment, 1xTools)
 - v. Submit 1ea UAUC/day while offshore
 - vi. Obtained minimum Level 3 IWCF Certification
- 2 Complete the following paperworks:
 - i. SLS-FORM-146: SLS CMS Trainee Slickline Operator Promotion Booklet
 - ii. SLS-FORM-149: SLS CMS Job Track Record
 - iii. SLS-FORM-151: Slickline Operator Workbook
 - iv. Slickline Operator Performance Assessment Feedback Form
 - v. Complete TSO Training & Exam Module
 - vi. HR-FORM-09 : Performance Appraisal & Development Plan

Note:

- 1 The HSSE presentation need not be self-developed. You can use presentation from supplier or any other sources.
- 2 When preparing for the presentation, please expect questions from your audience. The presentation needs to demonstrate your full understanding in HSSE & SQ
- 4 During the Technical presentation you are expected to demonstrate your knowledge and understanding in Surface Equipment, Slickline DHT, Slickline Job Type and Challenges & Lesson Learnt etc.
- 5 For the In-house training, you are expected to demonstrate your expertise in the subject matter. The training topic / module will be assigned to you based on SLS Training Plan for the year. The content need not be self-developed, you may use any available training materials on the subject matter. Training evidences such as form HR-FORM-12 Attendance Form and form HR-FORM-03 Course Evaluation Form are to be submitted to ND Training Coordinator via SLS Training Administrator, a copy of each is to be kept in your Promotion Booklet as evidence
- 6 Your presentation slides for both the Technical presentation and the In-house Trainings are to be submitted to ND Training Coordinator via SLS Training Administrator
- 5 Target audiences for the presentation are Slickline Operators or Support Role at your Location. The management will evaluate the presentation and sign-off your control sheet.

Upon completion of the above requirement, please handover the complete package to your FSM who will then evaluate your eligibility for promotion together with OM for Management approval.


DIMENSION BID

| TRAINEE SLICKLINE OPERATOR EVALUATION SHEET | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------------|-------------------------------------|-------------------------------------|---|-------------|-------------------|-----------------------------------|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------|---------|
| SLICKLINE SERVICES | | | | | | | | | | | | | | | | | |
| TRAINEE SLICKLINE OPERATOR DETAILS | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | SENIORITY DATE | | | | | | | | | | | |
| ELDRIAN BIN JUIL | | | | | | | | | | | | | | | | | |
| REGION | | DIVISION | | UNIT/SECTION | | LOCATION | | CONFIRMATION DATE | | | | | | | | | |
| EAST MALAYSIA | | SLICKLINE SERVICES | | EMO-SLS | | | | | | | | | | | | | |
| Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Operator (L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding) | | | | | | | | | | | | | | | | | |
| HSSE | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE | QUALITY | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE |
| DB HSE Policy | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | QMS, ISO and API Q2 knowledge | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Risk Assessment and Hazard Identification | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | DB Quality Policy & Objectives | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Field Safety and PTW Familiarization | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | DB Slickline Procedure and SOP | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Custodian Name and Position | | | | | | Amini Fadzman (FSM) | | | Custodian Signature/Date | | | 27-Mar-25 | | | | | |
| SERVICE QUALITY | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE | | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE |
| SQ Fundamentals | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Knowledge of Slickline Services | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Post Job Review | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Tools and Equipment Handling | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Custodian Name and Position | | | | | | Amini Fadzman (FSM) | | | Custodian Signature/Date | | | 27-Mar-25 | | | | | |
| PERSONAL QUALITY | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE | PERSONAL QUALITY | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE |
| Learning Initiative | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Field Operations Readiness Status | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Time Discipline | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Stress Management | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Command/Instruction Handling | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Communication Skills - Writing | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Self Confident | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Communication Skills - Speaking | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Custodian Name and Position | | | | | | Amini Fadzman (FSM) | | | Custodian Signature/Date | | | 27-Mar-25 | | | | | |
| MANAGEMENT/ADMINISTRATION | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE | | | L1 | L2 | L3 | L4 | L5 | ASSESSED BY | DATE |
| Inventory Planning/Execution | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Audit/Inspection Knowledge | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Materials Planning/Handling | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 | Slickline Job Reporting | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AMINI F. | 27.3.25 |
| Custodian Name and Position | | | | | | Amini Fadzman (FSM) | | | Custodian Signature/Date | | | 27-Mar-25 | | | | | |
| MANAGER'S COMMENTS | | Specify the candidate main strong points and development areas | | | | | | | | | | | | | | | |
| Eldrian is dedicated and hardworking, always look to try and improve himself. Great attitude, good personality sufficiently broad knowledge in other areas of leadership. Ready for promotion | | | | | | | | | | | | | | | | | |
| CANDIDATE'S COMMENTS | | Add comments about the support you have received from your tutor/location | | | | | | | | | | | | | | | |
| RECOMMENDED FOR NEXT POSITION ? | | | | | | | | | | | | | | | | | |
| YES | | NO | | <input checked="" type="checkbox"/> | | Remark : if NO, please submit e-mail to FSM and specify details here. | | | | | | | | | | | |
| CANDIDATE'S SIGNATURE | | | INSTRUCTOR'S SIGNATURE | | | MANAGER'S SIGNATURE | | | DATE | | | | | | | | |
| | | | | | | | | | 24-04-25 | | | | | | | | |

DIMENSION BID

| TRAINEE SLICKLINE OPERATOR TECHNICAL EVALUATION SHEET SLICKLINE SERVICES | | | | | | | | | | | |
|---|--------------------------|--------------------------|-------------------------------------|--|-----------------------------|--------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| TRAINEE SLICKLINE OPERATOR DETAILS | | | | | | | | | | | |
| FULL NAME | | | | | SENIORITY DATE | | | | | | |
| ELDRIAN BIN JUIL | | | | | | | | | | | |
| REGION | | DIVISION | | UNIT/SECTION | | LOCATION | | CONFIRMATION DATE | | | |
| EAST MALAYSIA | | SLICKLINE SERVICES | | EMO-SLS | | | | | | | |
| TECHNICAL EVALUATION | | | | | | | | | | | |
| Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Operator (L1-Awareness, L2-Basic, L3-Skilled, L4-Broad, L5-Full Understanding) | | | | | | | | | | | |
| SLS SERVICES | | | | | SL | | | | | | |
| | L1 | L2 | L3 | L4 | L5 | | L1 | L2 | L3 | L4 | L5 |
| Routine Wireline Operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Non-routine services activities | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pre Job Preparations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wireline DO's and DON'Ts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Wireline Surface Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Braided Line PCE Operation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wireline rig-up Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wire Limitation Allowable on site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tool Trouble Shooting Skill | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Job Preparation for Tubing Clearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Custodian Name and Position | | | | | Custodian Name and Position | | | | | | |
| Amini Fadzman (FSM) | | | | | Amini Fadzman (FSM) | | | | | | |
| Custodian Signature/Date | | | | | Custodian Signature/Date | | | | | | |
| 27/3/25 | | | | | 27/3/25 | | | | | | |
| SURFACE EQUIPMENT | | | | | EQUIPMENT MAINTENANCE | | | | | | |
| | L1 | L2 | L3 | L4 | L5 | | L1 | L2 | L3 | L4 | L5 |
| Rig Up & Rig Down | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PCE 5K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Basic Slickline Unit Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PCE 10K | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure Control Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RSU/Power pack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| RSU/Wire/Auxiliary SE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Generator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Field Operations Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Air Compressor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Custodian Name and Position | | | | | Custodian Name and Position | | | | | | |
| Amini Fadzman (FSM) | | | | | Amini Fadzman (FSM) | | | | | | |
| Custodian Signature/Date | | | | | Custodian Signature/Date | | | | | | |
| 27/3/25 | | | | | 27/3/25 | | | | | | |
| GENERAL | | | | | OTHER SERVICES | | | | | | |
| | L1 | L2 | L3 | L4 | L5 | | L1 | L2 | L3 | L4 | L5 |
| Well Exit Procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trouble Shooting Skill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Procedure to cut wire | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Client Standard and Regulations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SOP Tool String Reaches Stuffing Box | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inter-division Knowledge | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Custodian Name and Position | | | | | Custodian Name and Position | | | | | | |
| Amini Fadzman (FSM) | | | | | Amini Fadzman (FSM) | | | | | | |
| Custodian Signature/Date | | | | | Custodian Signature/Date | | | | | | |
| 27/3/25 | | | | | 27/3/25 | | | | | | |
| INSTRUCTOR'S COMMENTS | | | | | | | | | | | |
| Eldrian is dedicated and hardworking, always look to try and improve himself. Able to lead the team and to communicate with client's rep Technically competent with sufficient knowledge. Ready for promotion | | | | | | | | | | | |
| CANDIDATE'S COMMENTS | | | | | | | | | | | |
| Add comments about the support you have received from your tutor/location | | | | | | | | | | | |
| | | | | | | | | | | | |
| INSTRUCTOR | | | | DIVISION MANAGER | | | | | | | |
| Recommend Promotion to SO? | | | | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | | Approve Promotion To SO ? | | | |
| Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | | | | | | | |
| CANDIDATE'S SIGNATURE | | | INSTRUCTOR'S SIGNATURE | | | MANAGER'S SIGNATURE | | | DATE | | |
| | | | | | | | | | 24-04-25 | | |

DIMENSION BID

| TRAINEE SLICKLINE OPERATOR EVALUATION CHECKLIST SLICKLINE SERVICES | | | | |
|--|--|--|--|---|
| TRAINEE SLICKLINE OPERATOR DETAILS | | | | |
| FULL NAME <div style="border: 1px solid black; padding: 5px; text-align: center;">ELDRIAN BIN JUIL</div> | | | | SENIORITY DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| REGION <div style="border: 1px solid black; padding: 2px;">EAST MALAYSIA</div> | DIVISION <div style="border: 1px solid black; padding: 2px;">SLICKLINE SVS</div> | UNIT/SECTION <div style="border: 1px solid black; padding: 2px;">EMO-SLS</div> | LOCATION <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | CONFIRMATION DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| TSO CHECKLIST | | | | |
| Done prior to final submission to HR No TSO Package will be processed by the HR if any of the points are missing. | | | | |
| TASK & REPORTS | | | | |
| <input type="checkbox"/> | Completed Slickline Operator Workbook | (Please attach SLS-FORM-151 : Slickline Operator Workbook) | | |
| <input type="checkbox"/> | Completed 4ea any job for SLS as TSO | (Please attach SLS-FORM-149 : Job Track Record) | | |
| <input type="checkbox"/> | 1 Technical Presentation | (Please attach Technical Slide Presentation verified by FSM) | | |
| <input type="checkbox"/> | Completed TSO Training & Exam Module | | | |
| <input type="checkbox"/> | 1ea x HSE SQ Presentation OR 1ea x HSE Contribution Activity | | | |
| <input type="checkbox"/> | Certified with IWCF Level 4 | | | |
| <input type="checkbox"/> | 1 UAUC/day | | | |
| <input type="checkbox"/> | Completed Performance Appraisal & Development Plan | | | |
| PAPERWORK | | | | |
| <input type="checkbox"/> | TSO Evaluation Sheet | | | |
| <input type="checkbox"/> | TSO Technical Evaluation Sheet | | | |
| <input type="checkbox"/> | SLS-FORM-151 : Slickline Operator Workbook | | | |
| <input type="checkbox"/> | Job Tracking Record (Verified by FSM) | | | |
| <input type="checkbox"/> | Technical Slide Presentation (Verified by FSM) | | | |
| <input type="checkbox"/> | HSE SQ Slide Presentation signed by Safety Officer | | | |
| <input type="checkbox"/> | IWCF Level 4 Certificate | | | |
| <input type="checkbox"/> | 1ea UAUC per day and signed by Safety Officer | | | |
| <input type="checkbox"/> | HR-FORM-09 : Performance Appraisal & Development Plan | | | |
| VERIFICATION | | | | |
| I hereby verify that the above paperworks and documents above has been checked and confirmed true. I further certify that all information contained herein is true and accurate. I understand that any falsifying of any document above could result in disciplinary action and being denied access to Operators program in future. | | | | |
| PREPARED AND SUBMITTED BY | | | | |
| SIGNATURE |  | | | |
| NAME : | ELDRIAN BIN JUIL | | | |
| POS : | TRAINEE SLICKLINE OPERATOR | | | |
| DATE : | 14 APRIL 2025 | | | |

DIMENSION BID

ENDORSEMENT

All check points listed above have been verified completed by myself or my delegates.
I deem this TSO Candidate READY to be promoted to SO.

VERIFIED BY



SIGNATURE

NAME : AMINI FADZLAN ABU ZAMIR

POS : FSM

DATE : 27 MARCH 2025

AGREED BY



SIGNATURE

NAME : Alleyson Akin

POS : Operation Manager

DATE : 24-04-25

FOR HR USAGE

I hereby received this TSO breakout package for processing
I deem this TSO Candidate READY to be promoted to SO.

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :