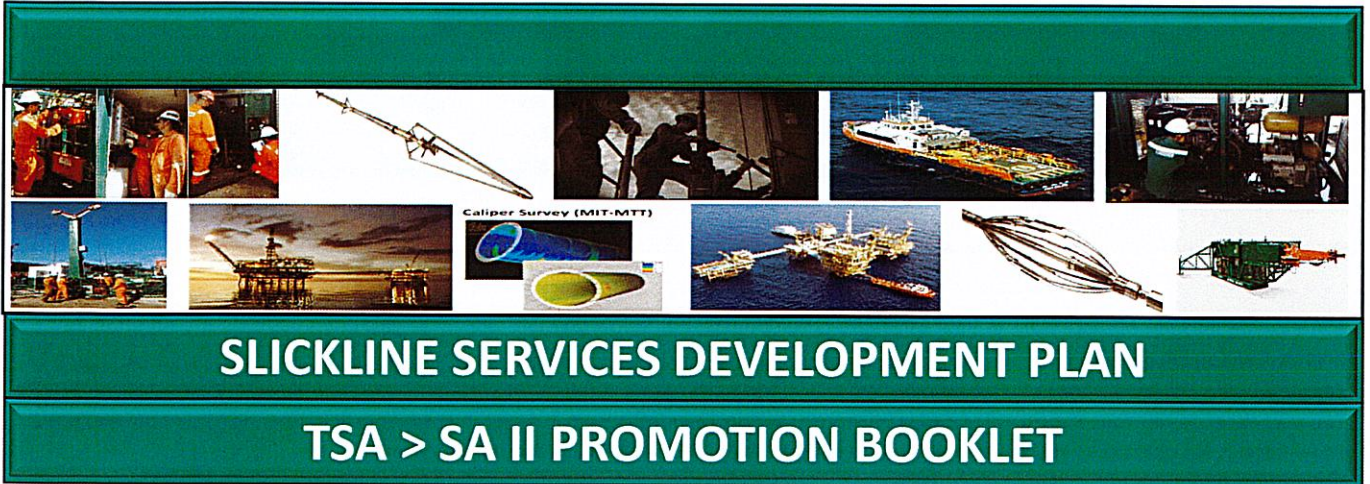


# DIMENSION BID



FULL NAME:	Granelito Cheuhin
JOINED DATE:	02/02/2024
CONFIRMATION DATE:	02/08/2024
REGION:	Malaysia
DIVISION:	Slickline
CONTROL DATE:	05.02.2025

# DIMENSION BID



## Trainee Slickline Assistant Control Process

TSA 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 do your control after 2 trips offshore or within 12 months from joining Dimension Bid Sdn. Bhd. TSA must possess basic knowledge in SLS operations in order to meet your required competency level in SLS common services.

The path for TSA to prepare for SA II control will be:

1. Perform at least:
  - i. 2ea Offshore Trips (5 or 6 times Trip for Control Panel Job is only count as 1 offshore trip) – List of job refer to Para 6.3 a. Slickline Personnel Competency Matrix, items no 40 – 59.
  - ii. Conduct 1ea x HSSE SQ Presentation OR 1 HSE Contribution Activity
  - iii. Attend 3ea Technical In-house Training
  - iv. Submit 1ea UAUC/day while offshore
2. Complete the following paperworks:
  - i. SLS-FORM-140: SLS CMS Trainee Slickline Assistant Promotion Booklet
  - ii. SLS-FORM-149: SLS CMS Job Track Record
  - iii. SLS-FORM-150: Slickline Assistant Workbook
  - iv. SLS-FORM-13 : Slickline Assistant Performance Assessment Feedback
  - v. HR-FORM-09 : Performance Appraisal & Development Plan

### Note:

The HSSE presentation doesn't have to be self-made. You can use presentation from supplier or any other sources.

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.

When preparing for the presentation, please expect questions from your audience.

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.

## TRAINEE SLICKLINE ASSISTANT EVALUATION SHEET SLICKLINE SERVICES

### TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME

SENIORITY DATE

Geonelisa Chauhin

REGION

DIVISION

UNIT/SECTION

LOCATION

CONFIRMATION DATE

Malaysia

Slickline

Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Assistant (L1-Awareness, L2-Basic, L3-Skilled)

SAFETY	L1 L2 L3			ASSESSED BY	DATE	QUALITY	L1 L2 L3			ASSESSED BY	DATE
DB HSE Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	QMS & ISO knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>
Hazard Identification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	DB Quality Policy & Objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>
Field Safety and PTW Familiarization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	DB Slickline Procedure and SOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>

Custodian Name and Position: Amini Fadelan (FSM) Custodian Signature/Date: Amini Fadelan (FSM)

SERVICE QUALITY	L1 L2 L3			ASSESSED BY	DATE	SERVICE QUALITY	L1 L2 L3			ASSESSED BY	DATE
Basic Knowledge of Slickline Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Slickline Job Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>
Tools and Equipment Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Post-job Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>

Custodian Name and Position: Amini Fadelan (FSM) Custodian Signature/Date: Amini Fadelan (FSM)

PERSONAL QUALITY	L1 L2 L3			ASSESSED BY	DATE	PERSONAL QUALITY	L1 L2 L3			ASSESSED BY	DATE
Learning Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Field Operations Readiness Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>
Time Discipline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Stress Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>
Command/Instruction Handling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Communication Skills - Writing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>
Self Confident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Communication Skills - Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>

Custodian Name and Position: Amini Fadelan (FSM) Custodian Signature/Date: Amini Fadelan (FSM)

MANAGEMENT / ADMINISTRATION	L1 L2 L3			ASSESSED BY	DATE	MANAGEMENT / ADMINISTRATION	L1 L2 L3			ASSESSED BY	DATE
Inventory Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Inspection Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>
Materials Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>	Slickline Job Reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amini</u>	<u>15-2-25</u>

Custodian Name and Position: Amini Fadelan (FSM) Custodian Signature/Date: Amini Fadelan (FSM)

**MANAGER'S COMMENTS** *Specify the candidate main strong points and development areas*

Ready for promotion

**CANDIDATE'S COMMENTS** *Add comments about the support you have received from your tutor/location*

**RECOMMENDED FOR NEXT POSITION ?** YES  NO  Remark : If NO, please submit e-mail to FSM and specify details here.

CANDIDATE'S SIGNATURE: [Signature] INSTRUCTOR'S SIGNATURE: [Signature] MANAGER'S SIGNATURE: [Signature] DATE: 05-02-2025

## TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

### TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME

SENIORITY DATE

Geoneldin Chauhin

REGION

DIVISION

UNIT/SECTION

LOCATION

CONFIRMATION DATE

Malaysia

Slickline

### TECHNICAL EVALUATION

Please tick (✓) at the relevant box the Competency Level of the Trainee Slickline Assistant (L1-Awareness, L2-Basic, L3-Skilled)

BASIC WIRELINE	A	B	C	BASIC PCE	A	B	C
Wireline Rig-up/Rig-down Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rig Up & Rig Down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wireline Winch Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Module	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wireline Well Exit Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Control Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wireline Cable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single Well Control Panel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Pressure Test Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position Amini Fadzlan (PSM)

Custodian Name and Position Amini Fadzlan (FSM)

Custodian Signature/Date [Signature] 5.2.25

Custodian Signature/Date [Signature] 5.2.25

BASIC SURFACE EQUIPMENT OPERATION	A	B	C	BASIC SURFACE EQUIPMENT OPERATION	A	B	C
Slimline Unit <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Compressor <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Pack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spooling Control System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reel Skid Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Engine System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric & Electronic System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position Amini Fadzlan 5.2.25

Custodian Name and Position Amini Fadzlan (FSM)

Custodian Signature/Date [Signature] 5.2.25

Custodian Signature/Date [Signature] 5.2.25

BASIC MEASUREMENT	A	B	C	GENERAL	A	B	C
Depth Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basic Down Hole Tool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Winch Man Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PTW Familiarization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Custodian Name and Position Amini Fadzlan (FSM)

Custodian Name and Position Amini Fadzlan (FSM)

Custodian Signature/Date [Signature] 5.2.25

Custodian Signature/Date [Signature] 5.2.25

### INSTRUCTOR'S COMMENTS

Ready for promotion. Good presentation done on 5.2.25

## TRAINEE SLICKLINE ASSISTANT TECHNICAL EVALUATION SHEET SLICKLINE SERVICES

**CANDIDATE'S COMMENTS**

*Add comments about the support you have received from your tutor/location*

*... ..*

**INSTRUCTOR**

Recommend Promotion to Next Level?

Y

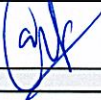
N

**DIVISION MANAGER**

Approve Promotion To Next Level ?

Y

N

**CANDIDATE'S SIGNATURE****INSTRUCTOR'S SIGNATURE****MANAGER'S SIGNATURE****DATE**

5.2.25

# DIMENSION BID

## TRAINEE SLICKLINE ASSISTANT EVALUATION CHECKLIST SLICKLINE SERVICES

### TRAINEE SLICKLINE ASSISTANT DETAILS

FULL NAME

SENIORITY DATE

Geoneldin Chauhin

REGION

DIVISION

UNIT/SECTION

LOCATION

CONFIRMATION DATE

Malaysia

Slickline

### TRAINEE SLICKLINE ASSISTANT CHECKLIST

Done prior to final submission to HR

No Slickline Assistant Package will be processed by the HR if any of the points are missing.

### TASK & REPORTS

- Completed Slickline Assistant Workbook (Please attach SLS-FORM-150 Slickline Assistant Workbook)
- 2 x Offshore Trip (Please attach SLS-FORM-149 Job Track Record)
- 1ea x HSE SQ Presentation OR 1 HSE Contribution Activity
- Attend 3ea x Technical Inhouse Training (Please attach Attendance Form)
- 1 ea UAUC per day (for every offshore trip) and signed by Safety Officer
- Completed Slickline Assistant Performance Assessment Feedback for for all jobs performed (refer Job Track Record)
- Completed Performance Appraisal & Development Plan

### PAPERWORK

- Trainee Slickline Assistant Evaluation Sheet
- Trainee Slickline Assistant Technical Evaluation Sheet
- SLS-FORM-150 Slickline Assistant Workbook
- Job Tracking Record (Verified by FSM)
- HSE SQ Slide Presentation signed by Safety Officer
- Technical Inhouse Training Attendance
- 1ea UAUC per day and signed by Safety Officer
- SLS-FORM-13 : Slickline Assistant Performance Assessment Feedback
- 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 Wireline Assistant program in future.

PREPARED AND SUBMITTED BY

SIGNATURE

NAME :

POS :

DATE :

# DIMENSION BID

## ENDORSEMENT

All check points listed above have been verified completed by myself or my delegates.  
I Deem This Slickline Assistant Candidate READY to be Promoted to Next Level

VERIFIED BY



SIGNATURE

NAME : Amin Fadlan Abu Zamir  
POS : FSM  
DATE : 05.02.2025

AGREED BY



SIGNATURE

NAME : GACALI MEHY  
POS :  
DATE : 8/2/25

## FOR HR USAGE

I hereby received this Trainee Slickline Assistant package for processing  
I deem this Trainee Slickline Assistant Candidate READY to be promoted to Next Level.

RECEIVED BY

SIGNATURE

NAME :

POS :

DATE :

