

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

PART 1: To be completed by Assessor [WEIGHT: 40%]

| | | | |
|-------------|----------------------------|-----------|--------------------|
| Name | ZALANI B IBRAHIM | COB Date | 7-Jun-21 |
| Position | GENERAL EQUIPMENT OPERATOR | RTB Date | 12-Jun-21 |
| Client | PETRONAS CARIGALI | Location | ANGSI C |
| Platform | ANGSI | Well | C 06 L |
| Assessed By | MOHD HAZWAN B ABD. HAMID | Position: | PUMPING SUPERVISOR |

RATING LEGEND:

| | |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STRONG | Performance consistently exceeded expectations in all essential areas of responsibility, and the quality of work overall was excellent |
| ADEQUATE | Performance consistently met expectations in all areas of responsibility, at times possibly exceeding expectations, and the quality of work overall was very good |
| IMPROVEMENT NEEDED | Performance did not consistently met expectations - performance failed to meet expectations in one or more essential areas of responsibility |

| Assessment Criteria | Rating (Please ✓ where appropriate) | | | | | | | | |
|---------------------|-------------------------------------|--|--|--|--|--|--|--|--|
|---------------------|-------------------------------------|--|--|--|--|--|--|--|--|

Safety Awareness (20%)

- a. Usage of Personal Protective Equipment
- b. Participation in UAUC
- c. Understanding of PTW System
- d. Worksite House Keeping

| | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | |
|----|--------|---|---|----------|---|---|--------------------|---|---|
| | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
| a. | | ✓ | | | | | | | |
| b. | | | ✓ | | | | | | |
| c. | | ✓ | | | | | | | |
| d. | ✓ | | | | | | | | |

Work Performance (20%)

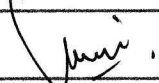
- e. Initiative and Creativity
- f. Decision Making Capability
- g. Understanding of Job Scope
- h. Tools Inventory and Reporting
- i. Work Quality
- j. Reporting
- k. Punctuality and Time Keeping
- l. Teamwork
- m. Communication
- n. Leadership Skills
- o. Adaptability to Work Environment/Surrounding
- p. Attitude
- q. Discipline

| | | | | | | | | | |
|----|---|---|---|--|--|--|--|--|--|
| e. | | ✓ | | | | | | | |
| f. | | | ✓ | | | | | | |
| g. | | ✓ | | | | | | | |
| h. | | ✓ | | | | | | | |
| i. | ✓ | | | | | | | | |
| j. | | ✓ | | | | | | | |
| k. | ✓ | | | | | | | | |
| l. | ✓ | | | | | | | | |
| m. | | ✓ | | | | | | | |
| n. | | ✓ | | | | | | | |
| o. | ✓ | | | | | | | | |
| p. | ✓ | | | | | | | | |
| q. | ✓ | | | | | | | | |

REMARKS/COMMENTS/FEEDBACK ON PERFORMANCE OR AREAS OF IMPROVEMENT:

Personel demonstrated a high level of expertise in his role, consistently applying his know ledge and skill to achieve excellent results.

Good job, keep it up!

| | | | |
|-----------------------------|-------------------------------------------------------------------------------------|------------------|---|
| Assessed By [Supervisor] |  | | |
| Name | MOHD HAZWAN B ABD. HAMID | | |
| Doc.Ref.No.: CTS-FORM-90 | Date | Revision No.: 01 | 1 |

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

PART 2: To be completed by Employee and Assessor [WEIGHT: 60%]

| Type of Task | Tasks Performed | Assessor Comment | | | | | | | | | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---|---|-------------------|---|---|---|---|---|--|
| 1. Pre-Job Preparation | 1. Attend toolbox and morning meeting with CSR. 2. Attend pre job meeting with client PCSB 3. Pre-check/EMC1 all Pumping equipment before job. | <i>Accurate, neat and effective to detail</i> | | | | | | | | | |
| | | | | | | | | | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 2. Surface Equipment Rig-up | 1. Perform rig up pumping surface line from Pump to well (bulkhead) 2. Set Up all equipment on deck 3. Rig up hydraulic hose all equipment 4. Rig Up hose 4" from BMX to Pump 5. Rig Up well injection to FST 6. Preparation wilden pump for mixing acid 7. Rig up wilden pump, 2" spring hose and air hose from sea deck to main deck | <i>Done, can work independently and consistency</i> | | | | | | | | | |
| | | | | | | | | | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 3. Tools / Equipment Preparation | 1. Perform EMC1 on Pumping unit and BMX 2. Prepare chemical for job | <i>Delivered high quality work and always complete all tasks within timeline</i> | | | | | | | | | |
| | | | | | | | | | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 4. Equipment | 4.1 Batch Mixer 1. Perform EMC1 on Pumping unit and BMX | <i>Full competence to operate the unit</i> | | | | | | | | | |
| | | | | | | | | | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| Employee was able to OPERATE the equipment: | | | | | Under Supervision | | | | | | |
| | | | | | Standalone | | | | | | |

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

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| Type of Task | Tasks Performed | Assessor Comment | | | | | | | | | | | | | | | | | | |
|-------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|------------|--------------------|---|---|--------------------|--|--|----|---|---|---|---|---|---|---|---|
| | 4.2 Pump Unit 1. Perform EMC1 on Pumping unit and BMX | <i>full competence to operate the unit</i> | | | | | | | | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | <table border="1"> <thead> <tr> <th colspan="3">STRONG</th> <th colspan="3">ADEQUATE</th> <th colspan="3">IMPROVEMENT NEEDED</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>9</td> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> </tr> </tbody> </table> | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
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| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | | | | | | | | | | | | |
| | Employee was able to OPERATE the equipment: | <table border="1"> <tr> <td>Under Supervision</td> <td></td> </tr> <tr> <td>Standalone</td> <td></td> </tr> </table> | Under Supervision | | Standalone | | | | | | | | | | | | | | | |
| Under Supervision | | | | | | | | | | | | | | | | | | | | |
| Standalone | | | | | | | | | | | | | | | | | | | | |
| | 4.3 Nitrogen Pump unit & Nitrogen Tank | | | | | | | | | | | | | | | | | | | |
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| Under Supervision | | | | | | | | | | | | | | | | | | | | |
| Standalone | | | | | | | | | | | | | | | | | | | | |
| | 4.4 Power Pack | | | | | | | | | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | <table border="1"> <thead> <tr> <th colspan="3">STRONG</th> <th colspan="3">ADEQUATE</th> <th colspan="3">IMPROVEMENT NEEDED</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>9</td> <td>8</td> <td>7</td> <td>6</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> </tr> </tbody> </table> | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
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| Under Supervision | | | | | | | | | | | | | | | | | | | | |
| Standalone | | | | | | | | | | | | | | | | | | | | |
| | 4.5 Control Cabin | | | | | | | | | | | | | | | | | | | |
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| Under Supervision | | | | | | | | | | | | | | | | | | | | |
| Standalone | | | | | | | | | | | | | | | | | | | | |

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

PART 2: To be completed by Employee and Assessor [WEIGHT: 60%]

| Type of Task | Tasks Performed | Assessor Comment | | | | | | | | | | | | | | | | | |
|--------------|---------------------------------------------|------------------|--|--|------------|--|--|--|--|--|--------|---|---|-------------------|---|---|--------------------|---|---|
| | 4.6 CT Reel | | | | | | | | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | | | | | | | | | | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | |
| | | | | | | | | | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
| | Employee was able to OPERATE the equipment: | | | | | | | | | | | | | Under Supervision | | | | | |
| | | | | | Standalone | | | | | | | | | | | | | | |
| | 4.7 Injector Head | | | | | | | | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | | | | | | | | | | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | |
| | | | | | | | | | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
| | Employee was able to OPERATE the equipment: | | | | | | | | | | | | | Under Supervision | | | | | |
| | | | | | Standalone | | | | | | | | | | | | | | |
| | 4.8 Pressure Control Equipment | | | | | | | | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | | | | | | | | | | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | |
| | | | | | | | | | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
| | Employee was able to OPERATE the equipment: | | | | | | | | | | | | | Under Supervision | | | | | |
| | | | | | Standalone | | | | | | | | | | | | | | |
| | 4.9 Basic BHA Components | | | | | | | | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | | | | | | | | | | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | |
| | | | | | | | | | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
| | Employee was able to OPERATE the tools: | | | | | | | | | | | | | Under Supervision | | | | | |
| | | | | | Standalone | | | | | | | | | | | | | | |

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PART 2: To be completed by Employee and Assessor [WEIGHT: 60%]

| Type of Task | Tasks Performed | | | | | | Assessor Comment | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---|---|--------|---|---|------------------------|---|---|--------------------|--|
| 5. Job Supervision (if applicable) <i>Please complete this section if you perform any supervisory role during operation</i> | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | | | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | |
| | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | | |
| Please <input checked="" type="checkbox"/> accordingly to confirm the role of the employee during operation | | | | | | | Full Supervisor | | | | |
| | | | | | | | 2nd / Night Supervisor | | | | |

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

PART 3: To be completed by Employee and Assessor

| DATE | Assignment/Summary Job/Duration | Supervisor's Feedback <small>(Please indicate if employee is able to execute the job <u>UNDER SUPERVISION</u> or <u>STANDALONE</u>)</small> |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 7-Jun-21 12-Jun-21 | <p style="text-align: center;">PERFORM JOB ACID SCREEN WASH ON WELL C 06 L</p> Objective ths job perform Acid Screen Wash 1. Tubing Pickling with 45bbl 7.5% HCL 2. Main treatment with 15bbl Solvant, 58bbl 15% HCL follow by 45bbl TFW 3. Soak 1 hour and flowback well while inject Soda Ash Job completed and achive target | Always demonstate the spwy commitment to excellent kgutary going above and beyond to produce outstanding result |

Please tick (✓) category of services performed:

Standard Services:

- Wellbore Cleanout
- CT Cementing
- Nitrogen Operations
- Pumping Services

Advanced Services

- CT Fishing
- CT Milling
- CT Logging
- CT Perforation