

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

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 ✓ accordingly to confirm the role of the employee during operation			Full Supervisor								
				2nd / Night Supervisor								

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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>
13-Aug-20 20-Aug-20	<p style="text-align: center;">PERFORATION JOB ON WELL D19L</p> <p>On this job I was assigned as CT Operator on the Night Shift. Objective this job perform perforation at depth 2161 m THF until 2177 m THF Completed perforation for 2nd run at depth 2169 m THF - 2173 m THF</p>	<p>- STAND ALONE -</p>

Please tick (✓) category of services performed:

<p>Standard Services:</p> <p>Wellbore Cleanout <input type="checkbox"/></p> <p>CT Cementing <input type="checkbox"/></p> <p>Nitrogen Operations <input type="checkbox"/></p> <p>Pumping Services <input type="checkbox"/></p>	<p>Advanced Services</p> <p>CT Fishing <input type="checkbox"/></p> <p>CT Miling <input type="checkbox"/></p> <p>CT Logging <input type="checkbox"/></p> <p>CT Perforation <input checked="" type="checkbox"/></p>
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