

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

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

| | | | |
|-------------|----------------------------|----------|------------------------------|
| Name | ZALANI BIN IBRAHIM | COB Date | ##### |
| Position | GENERAL EQUIPMENT OPERATOR | RTB Date | 27/7/2024 |
| Client | PCSB | Location | DULANG |
| Platform | DULANG DELTA | Well | D-31 AND D-5S |
| Assessed By | Name: MANDIE JAROP | | Position WIRELINE 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:

Good personal staff. Keep up!

| | |
|-----------------------------|--|
| Assessed By [Supervisor] | |
| Name | Mandle Anak Jarop Wireline supervisor (Well Intervention) Petroleum Engineering (PEPM) |
| Date | Peninsular Malaysia Assets (PMA/PCSB) |

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. | Done | | | | | | | | | |
| | | | | | | | | | | | |
| | | 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 | Done | | | | | | | | | |
| | | | | | | | | | | | |
| | | 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 | Done | | | | | | | | | |
| | | | | | | | | | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 4. Equipment | 4.1 Batch Mixer 1. Perform EMC1 on Pumping unit and BMX | Done | | | | | | | | | |
| | | | | | | | | | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| Employee was able to OPERATE the equipment: | | | | | 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 | | | | | | | | |
|--------------|---|------------------|---|---|-------------------|---|---|--------------------|---|---|
| | 4.2 Pump Unit 1. Perform EMC1 on Pumping unit and BMX | Dove | | | | | | | | |
| | 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 | | | | | |
| | 4.3 Nitrogen Pump unit & Nitrogen Tank | | | | | | | | | |
| | 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 | | | | | |
| | 4.4 Power Pack | | | | | | | | | |
| | 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 | | | | | |
| | 4.5 Control Cabin | | | | | | | | | |
| | 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 | | | | | |

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 | | | | | |

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) Please complete this section if you perform any supervisory role during operation | Stand alone as Pumping Supervisor night shift | Good Job! | | | | | | | | |
| | 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 | | | <input checked="" type="checkbox"/> | | |

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

PART 3: To be completed by Employee and Assessor

| DATE | Assignment/Summary Job/Duration | Supervisor's Feedback (Please indicate if employee is able to execute the job <u>UNDER SUPERVISION</u> or <u>STANDALONE</u>) |
|------------------------|--|--|
| 11-Jul-24 14-Jul-24 | PERFORM JOB NEAR WELLBORE ACID WASH ON WELL D 31 Objective ths job perform job Near Wellbore Acid Wash at zone E 10-11 1.Perform bullheading injectivity test from 0.3bpm untill 1.3bpm 2. Main treatment with 8bbl Solvant, 29bbl 15% HCL follow by 62bbl TFW 3. Soak 4 hour and flowback well while inject Soda Ash Job completed and achive target | Good Job |

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