



SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 1: To be completed by Assessor)

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|-------------|-----------------|-----------|--------------|
| Name | Malkeyzidek Y | COB Date | 4/18/2023 |
| Position | SA 3 | RTB Date | 09/05/23 |
| Client | Hibiscus | Location | North Sabah |
| Platform | south ferious | Well | Sf 38 Sf 40 |
| Assessed By | Name: Adon Kasu | Position: | W/L Operator |

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

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

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|---|---|-------------------------------|---------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |

Work Competency

- a. Pre-job Preparation
- b. Surface Equipment Rig-up Process
- c. Tools/Equipment Preparation
- d. Equipment Problem Trouble Shooting Capability
- e. Downhole Tools Servicing/Redressing/Maintenance
- f. Initiative and Creativity
- g. Decision Making Capability
- h. Understanding of Job Scope
- i. Tools Inventory Preparation & Reporting
- j. Work Quality
- k. Reporting

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|------------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
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| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |

Others

- a. Punctuality and Time Keeping
- b. Teamwork
- c. Communication
- d. Leadership Skills
- e. Adaptability to Work Environment/Surrounding
- f. Attitude
- g. Discipline

| | | | | |
|---|---|-------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
| <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
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| <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
| <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |

OVERALL PERFORMANCE

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|---|------------------------------------|-------------------------------|---------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Poor |
|---|------------------------------------|-------------------------------|---------------------------------------|-------------------------------|

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

He can do job independent and hard working. Proactive in tool preparation service and maintenance.

Recommended for promotion as senior slickline assistant.

As PTW applicant he showed his ability to manage the PTW plus a lot improvement in conducting toolbox meeting.

Excellent attitude, time keeping and team player.

willing and always ready to take instruction from leader/ supervisor.

Assessed By : AK
Name : Adon Kasu
Date : 09/05/23

Agreed By : Malkeyzidek
Name : Malkeyzidek
Date : 09/05/23


SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 2: To be completed by Employee and Assessor)

| Type of Task | Tasks Performed | Assessor Comment |
|---|---|------------------|
| 1. Pre-Job Preparation |)APPLY PTW, GET AGT APPROVER, GET APPROVE PTW ONSITE,DISCUSS ABOUT JHA,GET THE WELL HANDOVER FRO OPERATION, TOOLBOX TALK AMONG CREW. -) CHECK ALL HOSES WAS TIGHT AND SECURE -)JENSURE ALL TOOLS BEING PREPARED PRIOR TO JOB BEING PERFORM -)BARRICADE WORKSITE & WELLHEAD AREA BEFORE PERFORME RIGGING UP -)CHECK WELL CONDITION TO KNOW IF THERES POTENTIAL PASSING ON VALVE -)WALK THE LINE BEFORE START RIGGING UP AND IDENTIFY ANY HAZARD | |
| Assessor's Evaluation: | Level of Skill & Knowledge <input checked="" type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| 2. Surface Equipment Rig-up | A) MAKE UP PCE EQUIPMENT B)PUT GREASE ON ALL LUB CONNECTION BEFORE CONNECTING IT C)CHECK O-RING BEFORE MAKE UP THE LUBRICATOR D)CHECK ANY DAMAGE ON ALL LUB THREAD E)HOOK UP ALL HOSES & CHECK ALL HOSES FOR ANY DAMAGE BEFORE USE F)CHECK ALL PCE EQUIPMENT VALIDITY BEFORE USE G)MAKE UP ROPE SOCKET H)ENSURE ALL SHACKLE SECURE WITH SAFETY PIN | |
| Assessor's Evaluation: | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| 3. Tools / Equipment Preparation | A)SERVICE & FUCTION TEST TOOL BEFORE USING IT B)STANBY FXE INSERT VALVE PULLING AND RUNNING TOOLS C)CHECK ANY THREAD DAMAGE ON TOOLS BEFORE/AFTER USE,ALSO CHECK THE SHEAR PIN ON PULLING TOOL D)FILE ANY TOOLS THAT HAVE SHARP EDGES TO PREVENT FROM BEING CUT E)CLEAN ANY TOOL THAT IS STUCK DUE TO WAX F)STANBY WIRE SCRACHTER AND INVENTORY TOOLS IF NECESSARY | |
| Assessor's Evaluation: | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| 4. Equipment | 4.1 PP -)CHECK RADIATOR WATER -)CHECK HYDRAULIC LEVEL CHECK -)TOP UP FUEL IF NEEDED -)CHECK ENGINE OIL LEVEL -)CHECK IF TEMP LEVEL IS WORKING -)CLEAN FLAME TRAP IF NEEDED -)PRESSURE GAUGE FOR PUMP IS WORKING WELL -)CHECK ALL CONNECTING & HOSES IF ANY LEAK | |
| Assessor's Evaluation: | Level of Skill & Knowledge <input checked="" type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| | 4.2 AC | |
| Assessor's Evaluation: | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| | 4.3 GS | |
| Assessor's Evaluation: | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |

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(PART 2: To be completed by Employee and Assessor)

| Type of Task | Tasks Performed | Assessor Comment |
|------------------------|---|------------------|
| Assessor's Evaluation: | 4.4 CP -)FLUSHING SSV LINE & SCSSV BEFORE HOOK UP HOSES -)OPERATE THE CP(SSV 3000PSI)(SCSSV 3800PSI) -)FUNCTION TEST CP (PUMP) -)CHECK CP HOSES IF ANY DAMAGE -)TOP UP HYDRALIC IF NEEDED -)CHECK HOSES CONNECTION IF THERE ANY LEAK | |
| | Level of Skill & Knowledge <input checked="" type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| Assessor's Evaluation: | 4.5 TP -)HOOK UP THE HOSES -)OPERATE THE TEST PUMP -)CHECK HOSES IF ANY DAMAGE -)CHECK TP HOSES IF THERE ANY LEAK DURING PRESSURE UP | |
| | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| Assessor's Evaluation: | 4.6 PCE -)PERFORM HYDROTEST -)IDENTIFY TYPE OF CONNECTION & MAKE UP -)PUT GREASE ON ALL THREAD LUBRICATOR -)CHECK O-RING CONDITION -)OPERATE & FUNCTION TEST THE BOP -)MAKE SURE ALL PCE IS VALID -)FUNCTION TEST ALL PCE (BOP,QTS,BALL VALVE) -)CHANGE SBX PACKING | |
| | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| Assessor's Evaluation: | 4.7 Mast | |
| | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| Assessor's Evaluation: | 4.8 WEIGHT & MEASURING DEVICES -)FLUSH HOSE AND PUMP W15 FLUID -)CHECK ODOMETER CONDITION -)SPRAY ODOMETER CABLE WITH WD40 TO PREVENT FROM CORRISION | |
| | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |
| Assessor's Evaluation: | 4.9 Downhole Tools -)CHECK & SERVICE DHT -)PINNING & FUNCTION TEST DHT -)MAKE UP TOOLSTRING -)PREPARE AND CHANGE DAMAGE SPARE PART ON DAMAGE DHT -)CHECK ANY FAULTY ON DHT THAT BEING USED -)ENSURE ALL THREADED TOOLS BEING SECURE TIGHTLY | |
| | Level of Skill & Knowledge <input type="checkbox"/> Awareness <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail | |

JOB DETAIL:

| DATE | WELL NO. | JOB TYPE | STATUS (COMPLETE / INCOMPLETE) |
|---------------------|---------------------|------------------------|-----------------------------------|
| 14/06/19 | 14/06/19 | TESTING JOB | INCOMPLETE |
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