

## DIMENSION BID

### COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

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

|             |                                    |                                      |           |
|-------------|------------------------------------|--------------------------------------|-----------|
| Name        | WAN MUHAMMAD HANIF bin WAN MULHA   | COB Date                             | 18/9/2022 |
| Position    | GENERAL EQUIPMENT OPERATOR TRAINEE | RTB Date                             | 8/10/2022 |
| Client      | PETRONAS CARIGALI                  | Location                             | DEKOK     |
| Platform    | BEKOK AB                           | Well                                 | A-07      |
| Assessed By | Name: ENGU NAZRI                   | Position: GENERAL EQUIPMENT OPERATOR |           |

#### 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 meet expectations - performance failed to meet expectations in one or more essential areas of responsibility                     |  |  |  |  |  |  |  |  |

| Assessment Criteria    | Rating (Please ✓ where appropriate) |   |   |          |   |   |                    |   |   |   |
|------------------------|-------------------------------------|---|---|----------|---|---|--------------------|---|---|---|
|                        | STRONG                              |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |   |   |
| Safety Awareness (20%) | 10                                  | 9 | 8 | 7        | 6 | 5 | 4                  | 3 | 2 | 1 |

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

|   |   |   |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
| ✓ |   |   |  |  |  |  |  |  |  |
|   | ✓ |   |  |  |  |  |  |  |  |
| ✓ |   |   |  |  |  |  |  |  |  |
|   |   | ✓ |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |

#### 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

|  |   |   |   |   |   |   |  |  |  |
|--|---|---|---|---|---|---|--|--|--|
|  | ✓ |   |   |   |   |   |  |  |  |
|  |   | ✓ |   |   |   |   |  |  |  |
|  | ✓ |   |   |   |   |   |  |  |  |
|  |   | ✓ |   |   |   |   |  |  |  |
|  | ✓ |   |   |   |   |   |  |  |  |
|  |   | ✓ |   |   |   |   |  |  |  |
|  |   |   | ✓ |   |   |   |  |  |  |
|  |   |   |   | ✓ |   |   |  |  |  |
|  |   |   |   |   | ✓ |   |  |  |  |
|  |   |   |   |   |   | ✓ |  |  |  |

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

- Can Stand Alone operate the Batch Mixer.
- Overall good.

|                             |                            |
|-----------------------------|----------------------------|
| Assessed By<br>(Supervisor) | Engku Nazri On Engku Jali' |
| Name                        | Engku Nazri                |
| Date                        | 7/10/2022                  |

## DIMENSION BID

### 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   | <p>1. Attend Meeting With WIS .<br/>2. Prepare EPTW Before Do The Job .</p>   | →done                  |        |   |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
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| Rating (by SUPERVISOR)   | STRONG  |                        |        | ADEQUATE  |          |          | IMPROVEMENT NEEDED |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
|  | 10  | 9                      | 8      | 7   | 6        | 5        | 4                  | 3                  | 2                  |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
|  |   |                        |        |   |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
| 2. Surface Equipment Rig-up  | <p>1. Assist Crew Rig Up Surface Line From SPOS To Wellbore By Tee Slickline (Geowell) .</p>  | →done                  |        |   |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
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|  |   |                        |        |   |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
| 3. Tools / Equipment Preparation   | <p>1. Connect Air Hose From Air Supply Platform To Equipment .<br/>2. Top Up Diesel On Equipment Before Do The Job .</p>  | →done                  |        |   |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
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|  |   |                        |        |   |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
| 4. Equipment   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Rating (by Operator)</th> <th colspan="3" style="width: 30%;">STRONG</th> <th colspan="3" style="width: 30%;">ADEQUATE</th> <th colspan="3" style="width: 20%;">IMPROVEMENT NEEDED</th> </tr> <tr> <td style="width: 10%;">10</td> <td style="width: 10%;">9</td> <td style="width: 10%;">8</td> <td style="width: 10%;">7</td> <td style="width: 10%;">6</td> <td style="width: 10%;">5</td> <td style="width: 10%;">4</td> <td style="width: 10%;">3</td> <td style="width: 10%;">2</td> </tr> </thead> <tbody> <tr> <td>4.1 Batch Mixer</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> </tbody> </table> <p>1. Assist Crew Rig Up 4" Hose To SPOS And From FST .<br/>2. Assist BMX Operator Mixing 13% HCL And Neutralization Fluid (Soda Ash) .<br/>3. Do / Learn EMC Y BMX .</p> | Rating (by Operator)   | STRONG |   |          | ADEQUATE |                    |                    | IMPROVEMENT NEEDED |  |    | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2   | 4.1 Batch Mixer |  |  |   |  |  |  |  |  |  | →done |
|  | Rating (by Operator)  |                        | STRONG |   |          | ADEQUATE |                    |                    | IMPROVEMENT NEEDED |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
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| 4.1 Batch Mixer  |   |                        |        |   |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |                 |  |  |   |  |  |  |  |  |  |       |
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## DIMENSION BID

### COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

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

| Type of Task   | Tasks Performed  | Assessor Comment |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
|--|--|------------------|----------|----------|----------|--------------------|--------------------|--------------------|--|----|----|---|---|---|---|---|---|---|---|---|-------------------|------------|
| <b>4.2 Pump Unit</b>   | 1. Assist Pump Operator Rig up Pumping Line.<br>2. Assist Pump Operator open/close bleed Out Valve.  | done.            |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
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|  | STRONG   |                  |          | ADEQUATE |          |                    | IMPROVEMENT NEEDED |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| 10   | 9  | 8                | 7        | 6        | 5        | 4                  | 3                  | 2                  |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| Under Supervision  | Standalone   |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
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| Under Supervision  | Standalone   |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| <b>4.3 Nitrogen Pump unit &amp; Nitrogen Tank</b>  |  |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
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| Under Supervision  | Standalone   |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| <b>4.4 Power Pack</b>  |  |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
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| Under Supervision  | Standalone   |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| <b>4.5 Control Cabin</b>   |  |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
|  | Rating (by SUPERVISOR) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td colspan="3">STRONG</td> <td colspan="3">ADEQUATE</td> <td colspan="3">IMPROVEMENT NEEDED</td> </tr> <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> </table> | STRONG           |          |          | ADEQUATE |                    |                    | IMPROVEMENT NEEDED |  |    | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2   | Employee was able to OPERATE the equipment: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td>Under Supervision</td> <td>Standalone</td> </tr> </table> | Under Supervision | Standalone |
|  | STRONG   |                  |          | ADEQUATE |          |                    | IMPROVEMENT NEEDED |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| 10   | 9  | 8                | 7        | 6        | 5        | 4                  | 3                  | 2                  |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| Under Supervision  | Standalone   |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| Rating (by SUPERVISOR) <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td colspan="3">STRONG</td> <td colspan="3">ADEQUATE</td> <td colspan="3">IMPROVEMENT NEEDED</td> </tr> <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> </table> | STRONG   |                  |          | ADEQUATE |          |                    | IMPROVEMENT NEEDED |                    |  | 10 | 9  | 8 | 7 | 6 | 5 | 4 | 3 | 2 | Employee was able to OPERATE the equipment: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td>Under Supervision</td> <td>Standalone</td> </tr> </table> | Under Supervision   | Standalone        |            |
| STRONG   |  |                  | ADEQUATE |          |          | IMPROVEMENT NEEDED |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| 10   | 9  | 8                | 7        | 6        | 5        | 4                  | 3                  | 2                  |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |
| Under Supervision  | Standalone   |                  |          |          |          |                    |                    |                    |  |    |    |   |   |   |   |   |   |   |   |   |                   |            |

## DIMENSION BID

### 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  |                               |                  |  |        |                                     |                    |   |   |   |  |  |  |
|  | <b>Rating (by SUPERVISOR)</b> |                  |  | STRONG | ADEQUATE                            | IMPROVEMENT NEEDED |   |   |   |  |  |  |
|  | 10                            | 9                | 8  | 7      | 6                                   | 5                  | 4 | 3 | 2 |  |  |  |
| <b>Employee was able to OPERATE the equipment:</b> |                               |                  | <input type="checkbox"/> Under Supervision |        | <input type="checkbox"/> Standalone |                    |   |   |   |  |  |  |
| 4.7 Injector Head                                  |                               |                  |  |        |                                     |                    |   |   |   |  |  |  |
|  | <b>Rating (by SUPERVISOR)</b> |                  |  | STRONG | ADEQUATE                            | IMPROVEMENT NEEDED |   |   |   |  |  |  |
|  | 10                            | 9                | 8  | 7      | 6                                   | 5                  | 4 | 3 | 2 |  |  |  |
| <b>Employee was able to OPERATE the equipment:</b> |                               |                  | <input type="checkbox"/> Under Supervision |        | <input type="checkbox"/> Standalone |                    |   |   |   |  |  |  |
| 4.8 Pressure Control Equipment                     |                               |                  |  |        |                                     |                    |   |   |   |  |  |  |
|  | <b>Rating (by SUPERVISOR)</b> |                  |  | STRONG | ADEQUATE                            | IMPROVEMENT NEEDED |   |   |   |  |  |  |
|  | 10                            | 9                | 8  | 7      | 6                                   | 5                  | 4 | 3 | 2 |  |  |  |
| <b>Employee was able to OPERATE the equipment:</b> |                               |                  | <input type="checkbox"/> Under Supervision |        | <input type="checkbox"/> Standalone |                    |   |   |   |  |  |  |
| 4.9 Basic BHA Components                           |                               |                  |  |        |                                     |                    |   |   |   |  |  |  |
|  | <b>Rating (by SUPERVISOR)</b> |                  |  | STRONG | ADEQUATE                            | IMPROVEMENT NEEDED |   |   |   |  |  |  |
|  | 10                            | 9                | 8  | 7      | 6                                   | 5                  | 4 | 3 | 2 |  |  |  |
| <b>Employee was able to OPERATE the tools:</b>     |                               |                  | <input type="checkbox"/> Under Supervision |        | <input type="checkbox"/> Standalone |                    |   |   |   |  |  |  |

## DIMENSION BID

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<br>(if applicable)<br><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 |   |                    |   |   |   |

## DIMENSION BID

### COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

PART 3: To be completed by Employee and Assessor

| DATE         | Assignment/Summary Job/Duration   | Supervisor's Feedback<br>(Please indicate if employee is able to execute the job <u>UNDER SUPERVISION</u> or <u>STANDALONE</u> ) |
|--------------|---|--|
| 18 Sept 2022 | Perform Pumping Activity On Well A07.<br>(Assist Geowell).  |  |
| 8 OCT 2022   | <ul style="list-style-type: none"> <li>- Mobilized From POST By FCB 18 September 2022 To Location Bekok AB. After Arrive, Start Lifting Equipment From Vessel To Main Deck Platform And SPOT Equipment For The Job.</li> <li>- Assist Crew To Rig Up Surface Line Equipment, Assist Crew Mixing 15% HCl And Neutralization Fluid (sodatash). I Have Learned How To Operate Bmx And Single Pump. I Assigned As A Helper And Support The Crew Run The Job Smoothly And Succeed Without Any Problem. After Job Done, Back to POST 8 October 2022.</li> </ul> | <ul style="list-style-type: none"> <li>- Good Job!</li> <li>- Successfully done Acid Stimulation for well A-07.</li> </ul>       |

Please tick (✓) category of services performed:

Standard Services:

|                     |                                     |
|---------------------|-------------------------------------|
| Wellbore Cleanout   | <input type="checkbox"/>            |
| CT Cementing        | <input type="checkbox"/>            |
| Nitrogen Operations | <input type="checkbox"/>            |
| Pumping Services    | <input checked="" type="checkbox"/> |

Advanced Services

|                |                          |
|----------------|--------------------------|
| CT Fishing     | <input type="checkbox"/> |
| CT Milling     | <input type="checkbox"/> |
| CT Logging     | <input type="checkbox"/> |
| CT Perforation | <input type="checkbox"/> |