

DIMENSION BID

COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

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

| | | | |
|-------------|---|----------|-----------|
| Name | SHAHRI IZHAM BIN ALIAS | COB Date | 17/7/2024 |
| Position | EQUIPMENT OPERATOR TRAINEE | RTB Date | 18/7/2024 |
| Client | PCSB | Location | ANGSI |
| Platform | ANGSI BRAVO | Well | B-18L |
| Assessed By | Name: Muhamad Bin Mohamad Position: GEO | | |

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 | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| Safety Awareness (20%) | ✓ | | | | | | | | |
| 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:

- Rep it and Good job.

| | |
|-----------------------------|---|
| Assessed By [Supervisor] |  |
| Name | Muhamad Bin Mohamad |
| Date | 17/7/2024, 13/8/2024 |

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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 pre-job meeting before mob 2. Prepare e-ptw 3. Attend toolbox meeting conduct by wss and all intervention crew on board</p> | | | | | | | | | | | | | | | | | | | |
| | Rating (by SUPERVISOR) | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="3" style="text-align: center;">STRONG</th> <th colspan="3" style="text-align: center;">ADEQUATE</th> <th colspan="3" style="text-align: center;">IMPROVEMENT NEEDED</th> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">9</td> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> </table> | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
| STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | | | | | | | | | | | | |
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | | | | | | | | | | | | |
| 2. Surface Equipment Rig-up | <p>1. Assist crew for heavy lifting to spot the equipment according to space availability 2. Assist crew to rig-up 2" HP treating line from nitrogen convertor to the tree cap connection. 3. Assist crew to install bleedoff line and secure it firmly. 4. Assist crew to install a plug valve after the crossover.</p> | | | | | | | | | | | | | | | | | | | |
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| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | | | | | | | | | | | | |
| 3. Tools / Equipment Preparation | <p>1. Perform EMC1 for the nitrogen converter unit. 2. Connect air hose from air compressor to all equipment 3. Top up diesel to all equipment everyday before start operation 4. Assist crew to proceed to prepare pressure test.</p> | | | | | | | | | | | | | | | | | | | |
| | Rating (by Operator) | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="3" style="text-align: center;">STRONG</th> <th colspan="3" style="text-align: center;">ADEQUATE</th> <th colspan="3" style="text-align: center;">IMPROVEMENT NEEDED</th> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">9</td> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> </tr> </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 | | | | | | | | | | | | |
| 4. Equipment | 4.1 Batch Mixer | | | | | | | | | | | | | | | | | | | |
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| 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;"> <tr> <td style="text-align: center;">Under Supervision</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">Standalone</td> <td style="text-align: center;"></td> </tr> </table> | Under Supervision | | Standalone | | | | | | | | | | | | | | | |
| Under Supervision | | | | | | | | | | | | | | | | | | | | |
| Standalone | | | | | | | | | | | | | | | | | | | | |

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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 | | | | | | | | | | | | |
| 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 | <p>1. Assist N2 operator to rig-up cryogenic hose from nitrogen tank to nvc 2. Assist N2 operator to rig-up bleed off line. 3. Assist N2 operator during rapid cooldown. 4. Assist N2 operator for on the fly during pumping nitrogen and always monitor pressure on nitrogen tank below 4 bar.</p> | | | | | | <p>Good Assist and Good job.</p> | | | | | |
| 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 | | | | | | | |

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|---|--|------------------------|-------------------|---|--------|------------|---|----------|--------------------|--|--------------------|--|--|----|---|---|---|---|---|---|---|---|---|--|--|-------------------|--|--|------------|--|--|--|--|--|--|
| 4.6 CT Reel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee was able to OPERATE the equipment: | | | Under Supervision | | | Standalone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.8 Pressure Control Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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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| 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 | | | | | | | | | | | | | |
| <table border="1"><tr><td>Full Supervisor</td><td></td></tr><tr><td>2nd / Night Supervisor</td><td></td></tr></table> | | | | | | | | | | Full Supervisor | | 2nd / Night Supervisor | |
| 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 (Please indicate if employee is able to execute the job <u>UNDER SUPERVISION</u> or <u>STANDALONE</u>) |
|------|---|--|
| | <ul style="list-style-type: none"> -Start heavy lifting upon obtainig permission from OIM -Rig-up equipment and surface rigup after finish spot the equipment to space availability. -Install correct wellhead crossover on the wellhead. Ensure well is fully secured and record the MV and CV turns. -Perfome EMC1 for the nitrogen converter unit. -Start up and run all equipment for few minutes. -Ensure the entire valve are lined up above the swab valve. -Perfome pressure test for the treating lines up to 500psi for 5 minutes and increase to 3000 psi for 10 minutes. -Once completed,bleed off pressure through the bleed off line. -To perfome bull-heading nitrogen in order to push the liquid into I-68 resevoir prior slickline to perfome camera run. -Make sure all the lines have been lined up properly. -Start pumping nitrogen with initial rates of 300scfm. Ensure to monitor PCP during pumping activity. -After 58,860scf of nitrogen pumped,stop pumping and close lower master and valve and swab valve. | <p><i>Keep it and Good job.</i></p> |

Please tick (✓) category of services performed:

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