



## SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 1: To be completed by Assessor)

|             |                        |                             |                             |
|-------------|------------------------|-----------------------------|-----------------------------|
| Name        | Mansyur Bin Wahyuddin  | COB Date                    | 7/2/2023                    |
| Position    | Slickline Assistant II | RTB Date                    | 20/2/2023                   |
| Client      | SEAH                   | Location                    | North Sabah                 |
| Platform    | SAINT JOSEPH (SJIT-H)  | Well                        | SJ809A SJ809B SJ807N SJ810A |
| Assessed By | Mohd Jaidun Hamit      | Position: wireline operator |                             |

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

### Safety Awareness

- Usage of Personal Protective Equipment
- Participation in ACT
- Understanding of PTW System
- Worksite House Keeping

|   |   |                               |                                       |                               |
|---|---|-------------------------------|---------------------------------------|-------------------------------|
| <input checked="" 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 |
| <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

- Pre-job Preparation
- Surface Equipment Rig-up Process
- Tools/Equipment Preparation
- Equipment Problem Trouble Shooting Capability
- Downhole Tools Servicing/Redressing/Maintenance
- Initiative and Creativity
- Decision Making Capability
- Understanding of Job Scope
- Tools Inventory Preparation & Reporting
- Work Quality
- Reporting

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

### Others

- Punctuality and Time Keeping
- Teamwork
- Communication
- Leadership Skills
- Adaptability to Work Environment/Surrounding
- Attitude
- Discipline

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

### OVERALL PERFORMANCE

|                                    |   |                               |                                       |                               |
|------------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input checked="" 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:

→ A person who is disciplined, pleasant manners, punctual and can be relied upon to carry out the tasks.

→ I hope you continue the performance you have shown in the future.

Assessed By :

Name : Mohd Jaidun Hamit

Date : 20-Feb-22

Agreed By :

Name : Mansyur Wahyuddin

Date : 20-Feb-22

CONTROLLED COPY



**SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK**

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

| Type of Task                            | Tasks Performed  | Assessor Comment                                       |
|---|--|--|
| <b>1. Pre-Job Preparation</b>           | a)PERFORM PRE CHECKLIST ON ALL EQUIPMENT<br>b)TO CHECL ALL HOSES WAS TIGHT AND SECURE<br>c)ENSURE ALL TOOLS BEING PREPARED PRIOR TO JOB BEING PERFORM<br>d)ENSURE ALL PRESSURE HOSE FROM PP TO RSU BEING SECURE WITH WEB CHECK<br>e)BARRICADE WORKSITE & WELLHEAD AREA BEFORE PERFORME RIGGING UP<br>f)CHECK WELL CONDITION TO KNOW IF THERES POTENTIAL PASSING ON VALVE<br>g)WALK THE LINE BEFORE START RIGGING UP AND IDENTIFY ANY HAZARD<br>h)TOOLBOX MEETING BEFORE PROCEED TO JOB |  |
| Assessor's Evaluation:                  | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |  |
| <b>2. Surface Equipment Rig-up</b>      | A) MAKE UP PCE<br>B)PUT GREASE ON ALL LUB CONNECTION BEFORE CONNECTING IT<br>C)CHECK O-RING BEFORE MAKE UP THE LUBRICATOR<br>D)DISCARD WIRE IF NEEDED<br>E)CHECK ANY DAMAGE ON ALL LUB THREAD<br>F)HOOK UP ALL HOSES & CHECK ALL HOSES FOR ANY DAMAGE BEFORE USE<br>G)CHECK ALL PCE EQUIPMENT VALIDITY BEFORE USE<br>H)MAKE UP ROPE SOCKET<br>I)ENSURE ALL SHACKLE SECURE WITH SAFETY SLING  | Able to give advice on rig up method on specific area. |
| Assessor's Evaluation:                  | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |  |
| <b>3. Tools / Equipment Preparation</b> | A)SERVICE & FUCTION TEST TOOL BEFORE USING IT<br>B)PINNING QXE RUNNING TOOLS<br>C)CHECK ANY THREAD DAMAGE ON TOOLS BEFORE/AFTER USE<br>D)FILE ANY TOOLS THAT HAVE SHARP EDGES TO PREVENT FROM BEING CUT<br>E)CLEAN ANY TOOL THAT IS STUCK DUE TO WAX<br>F)INVENTORY TOOLS IF NECESSARY   |  |
| Assessor's Evaluation:                  | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |  |
| <b>4. Equipment</b>                     | <b>4.1 PP</b><br>A)CHECK RADIATOR WATER<br>B)CHECK HYDRAULIC LEVEL CHECK<br>C)TOP UP FUEL IF NEEDED<br>D)ANY FAULTY ON PP BEFORE START<br>E)CHECK ENGINE OIL LEVEL<br>F)CHECK IF TEMP LEVEL IS WORKING<br>G)CLEAN FLAME TRAP IF NEEDED<br>H)PRESSURE GAUGE FOR PUMP IS WORKING WELL<br>I)CHECK ALL CONNECTING & HOSES IF ANY LEAK  |  |
| Assessor's Evaluation:                  | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |  |
|   | <b>4.2 AC</b>  |  |
| Assessor's Evaluation:                  | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail   |  |
|   | <b>4.3 GS</b>  |  |
| Assessor's Evaluation:                  | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Detail   |  |



# SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

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

| Type of Task           | Tasks Performed  | Assessor Comment |
|------------------------|--|------------------|
| Assessor's Evaluation: | <b>4.4 CP</b><br>A)HOOK UP HOSES<br>B)OPERATE THE CP<br>C)FUNCTION TEST CP ( PUMP )<br>D)CHECK CP HOSES IF ANY DAMAGE<br>E)TOP UP HYDRALIC IF NEEDED<br>F)CHECK HOSES CONNECTION IF THERE ANY LEAK   |                  |
|                        | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |                  |
| Assessor's Evaluation: | <b>4.5 TP</b><br>A)HOOK UP THE HOSES<br>B)OPERATE THE TEST PUMP<br>C)FUNCTION TEST<br>D)CHECK HOSES IF ANY DAMAGE<br>E)CHECK TP HOSES IF THERE ANY LEAK DURING PRESSURE UP   |                  |
|                        | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |                  |
| Assessor's Evaluation: | <b>4.6 PCE</b><br>A)PERFORM HYDROTEST<br>B)IDENTIFY TYPE OF CONNECTION & MAKE UP<br>C)PUT GREASE ON ALL THREAD LUBRICATOR<br>D)CHECK O-RING CONDITION<br>E)OPERATE & FUNCTION TEST THE BOP<br>F)MAKE SURE ALL PCE IS VALID<br>G)FUNCTION TEST ALL PCE ( BOP,QTS,BALL VALVE) IS IN COOD CONDITION<br>H)CHANGE SBX PACKING     |                  |
|                        | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |                  |
| Assessor's Evaluation: | <b>4.7 Mast</b><br>A. PERFORM VISUAL INSPECTION<br>B.HOOK UP HOSE<br>C.ENSURE MAST FIT TO WORK<br>D.OPERATE HYD MAST   |                  |
|                        | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |                  |
| Assessor's Evaluation: | <b>4.8 WEIGHT &amp; MEASURING DEVICES</b><br>A)FLUSH HOSE AND PUMP W15 FLUID<br>B)CHECK ODOMETER CONDITION<br>C)SPRAY ODOMETER CABLE WITH WD40 TO PREVENT FROM CORRISION   |                  |
|                        | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |                  |
| Assessor's Evaluation: | <b>4.9 Downhole Tools</b><br>A)SERVICE DHT<br>B)PINNING & FUNCTION TEST DHT<br>C)MAKE UP TOOLSTRING<br>D)PRPEARE AND CHANGE DAMAGE SPARE PART ON DAMAGE DHT<br>E)CHECK ANY FAULTY ON DHT THAT BEING USED<br>F)ENSURE ALL SHARP EDGES BEING FILE TO PREVENT FROM HAND CUT<br>G)ENSURE ALL THREADED TOOLS BEING SECURE TIGHTLY |                  |
|                        | <b>Level of Skill &amp; Knowledge</b> <input type="checkbox"/> Awareness <input type="checkbox"/> Basic <input checked="" type="checkbox"/> Broad <input type="checkbox"/> Detail  |                  |

## JOB DETAIL:

| DATE        | WELL NO. | JOB TYPE         | STATUS<br>(COMPLETE / INCOMPLETE) |
|-------------|----------|------------------|-----------------------------------|
| 07-08/02/23 | SJ809B   | WAX CUT          | COMPLETED                         |
| 09-11/02/23 | SJ809A   | WAX CUT          | COMPLETED                         |
| 12-18/02/23 | SJ807N   | WAX CUT          | COMPLETED                         |
| 19-20/02/23 | SJ810A   | WAX CUT & SERVEY | IN PROGRESS/CREW CHANGE           |



SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 1: To be completed by Assessor)

|             |   |          |                            |
|-------------|---|----------|----------------------------|
| Name        | Mansyur Bin Wahyuddin   | COB Date | 3/10/2023                  |
| Position    | Slickline assistant II  | RTB Date | 24/10/2023                 |
| Client      | SEAH HIBISCUS   | Location | SJ & SF                    |
| Platform    | SJIT-F & SFJT-B   | Well     | SJ 605L & SF 19L/SF40/SF41 |
| Assessed By | Awang Mohammad Hasnan Awg Radin. Position: Slickline operator |          |                            |

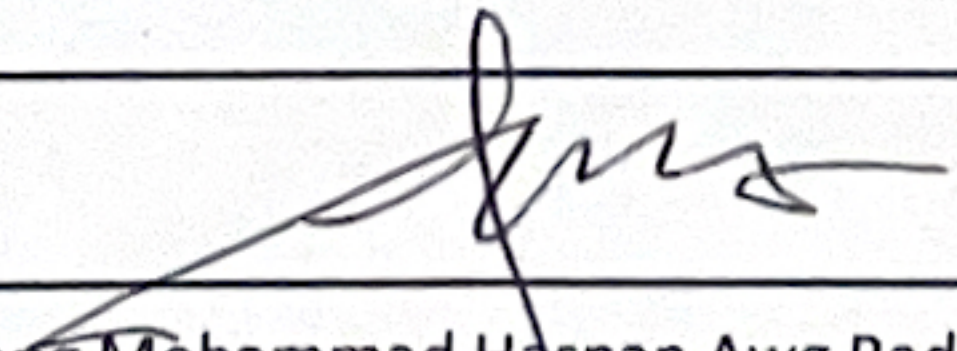
|                    |   |
|--------------------|---|
| RATING LEGEND:     |   |
| STRONG             | Performance consistently exceeded expectations in all essential areas of responsibility, and the quality of work overall was excellent                            |
| ADEQUATE           | Performance 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 met expectations - performance failed to meet expectations in one or more essential areas of responsibility                      |

| Assessment Criteria   | Rating (Please ✓ where appropriate) |   |   |          |   |   |                    |   |   |
|---|-------------------------------------|---|---|----------|---|---|--------------------|---|---|
| <u>Safety Awareness (20%)</u><br><br>a. Usage of Personal Protective Equipment<br>b. Participation in ACT<br>c. Understanding of PTW System<br>d. Worksite House Keeping  | STRONG                              |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |   |
|   | 10                                  | 9 | 8 | 7        | 6 | 5 | 4                  | 3 | 2 |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
| <u>Work Performance (20%)</u><br><br>e. Initiative and Creativity<br>f. Decision Making Capability<br>g. Understanding of Job Scope<br>h. Tools Inventory and Reporting<br>i. Work Quality<br>j. Reporting<br>k. Punctuality and Time Keeping<br>l. Teamwork<br>m. Communication<br>n. Leadership Skills<br>o. Adaptability to Work Environment/Surrounding<br>p. Attitude<br>q. Discipline | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |
|   | X                                   |   |   |          |   |   |                    |   |   |

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

He have the qualifications to be a Wireline III is able to adapt to the job with ease.

His skill and knowledge can be further upon with more exposure to the field. Tool preparation for each job is handled according to the job demanded.

|                           |   |  |  |
|---------------------------|---|--|--|
| Assessed By<br>[Operator] |  |  |  |
| Name                      | Awang Mohammad Hasnan Awg Radin.  |  |  |
| Date                      | 23/10/2023  |  |  |



# DIMENSION BID

## 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   | A. Conducted Permit to work and Tool box Talk.<br>B. pre-Job briefing on operation.<br>C. Walk around and ensure all potential hazard has been eliminated at the work site area.<br>D. List down the equipment SN on site and validation.<br>E. Check and ensure all the equipment based on check list.<br>F. Prepared the DHT based on program/operation.<br>G. Perform housekeeping before while and after operation.   |                  |   |   |          |   |   |                    |   |
|  | Rating (by Operator)  | STRONG           |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |
|  | 10  | 9                | 8 | 7 | 6        | 5 | 4 | 3                  | 2 |
| 2. Surface Equipment Rig-up  | A. Hook up the equipment hoses and ensure whip check attached.<br>B. Ensure all PCE thread in good condition and apply grease before make up.<br>C. Ensure O-ring attached and undamaged.<br>D. Ensure all the Equipment Earthing cable installed<br>E. Change stuffing Box packing if needed.<br>F. Ensure The PCE equipment operated while and perform function test.<br>G. Install anchor at the right point and ensured all shackle attached with safety pin.<br>H. Perform function test on SWCP& Leak test on Hoses.<br>I. Check and ensure the weight indicator operated well. |                  |   |   |          |   |   |                    |   |
|  | Rating (by Operator)  | STRONG           |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |
|  | 10  | 9                | 8 | 7 | 6        | 5 | 4 | 3                  | 2 |
| 3. Tools / Equipment Preparation   | A. Prepared the DHT based on program/operation.<br>B. Ensured the DHT operated well and suitable size used.<br>C. Ensured the DHT correct pin install. Change if needed.<br>D. Perform Function test and simulation test on surface.<br>E. Service tools before and after operation.<br>F. Ensure all connection tightened before operation.  |                  |   |   |          |   |   |                    |   |
|  | Rating (by Operator)  | STRONG           |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |
|  | 10  | 9                | 8 | 7 | 6        | 5 | 4 | 3                  | 2 |
| 4. Equipment Problem Troubleshooting<br><i>[Please state type of equipment and describe troubleshooting job performed]</i> |   |                  |   |   |          |   |   |                    |   |
|  | Rating (by Operator)  | STRONG           |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |
|  | 10  | 9                | 8 | 7 | 6        | 5 | 4 | 3                  | 2 |
| 5. Downhole Tools Servicing/Redressing/Maintenance   | A. Perform simulation test on surface on DHT and Ensure operated well.<br>B. Make up Tools based on program.<br>C. Ensure the tools used suitable.<br>D. Pinning DHT and change packing for safety valve/plug if needed.<br>E. Check and clean tools after operation.<br>F. Ensure all cross over and DHT part connection tighten<br>G. Function test safety valve flipper  |                  |   |   |          |   |   |                    |   |
|  | Rating (by Operator)  | STRONG           |   |   | ADEQUATE |   |   | IMPROVEMENT NEEDED |   |
|  | 10  | 9                | 8 | 7 | 6        | 5 | 4 | 3                  | 2 |



| Type of Task  | Tasks Performed  | Assessor Comment     |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|---|--|----------------------|--------|----------|----------|--------------------------|--------------------|--------------------|--------------------|---|--|--|----|---|---|---|---|---|---|---|---|------------|--|---|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|---------------|--|---|--|--|--|--|--|--|--|-----------|--|---|--|--|--|--|--|--|--|----------------------------|--|---|--|--|--|--|--|--|--|------|--|---|--|--|--|--|--|--|--|----------------------------|--|---|--|--|--|--|--|--|--|----------------|--|---|--|--|--|--|--|--|--|-------|--|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 6. Tools Inventory & Reporting  | A. monitored the Tools movement and updated in inventory.<br>B. Check and Ensure equipment list on site followed based on document given.<br>C. Prepared Documentation for operation program given/material request/COG<br>D. Done the Company Daily operation report/ daily equipment check list.   |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | <table border="1"> <thead> <tr> <th>Rating (by Operator)</th><th colspan="3">STRONG</th><th colspan="3">ADEQUATE</th><th colspan="3">IMPROVEMENT NEEDED</th></tr> <tr> <th></th><th>10</th><th>9</th><th>8</th><th>7</th><th>6</th><th>5</th><th>4</th><th>3</th><th>2</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>   | Rating (by Operator) | STRONG |          |          | ADEQUATE                 |                    |                    | IMPROVEMENT NEEDED |   |  |  | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Rating (by Operator)  | STRONG   |                      |        | ADEQUATE |          |                          | IMPROVEMENT NEEDED |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | 10   | 9                    | 8      | 7        | 6        | 5                        | 4                  | 3                  | 2                  |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| 7. Equipment Operation  | [Operator to rate TSA / SA / SSA competency in operating the equipment]  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | <table border="1"> <thead> <tr> <th>Rating (by Operator)</th><th colspan="3">STRONG</th><th colspan="3">ADEQUATE</th><th colspan="3">IMPROVEMENT NEEDED</th></tr> <tr> <th></th><th>10</th><th>9</th><th>8</th><th>7</th><th>6</th><th>5</th><th>4</th><th>3</th><th>2</th></tr> </thead> <tbody> <tr> <td>Power Pack</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Air Compressor</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>GenSet</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Control Panel</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Test Pump</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Pressure Control Equipment</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Mast</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Weight &amp; Measuring Devices</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Downhole Tools</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="2">Total</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table> | Rating (by Operator) | STRONG |          |          | ADEQUATE                 |                    |                    | IMPROVEMENT NEEDED |   |  |  | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | Power Pack |  | X |  |  |  |  |  |  |  | Air Compressor |  |  |  |  |  |  |  |  |  | GenSet |  |  |  |  |  |  |  |  |  | Control Panel |  | X |  |  |  |  |  |  |  | Test Pump |  | X |  |  |  |  |  |  |  | Pressure Control Equipment |  | X |  |  |  |  |  |  |  | Mast |  | X |  |  |  |  |  |  |  | Weight & Measuring Devices |  | X |  |  |  |  |  |  |  | Downhole Tools |  | X |  |  |  |  |  |  |  | Total |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
|   | Rating (by Operator)   | STRONG               |        |          | ADEQUATE |                          |                    | IMPROVEMENT NEEDED |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   |  | 10                   | 9      | 8        | 7        | 6                        | 5                  | 4                  | 3                  | 2 |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | Power Pack   |                      | X      |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | Air Compressor   |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | GenSet   |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | Control Panel  |                      | X      |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | Test Pump  |                      | X      |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   | Pressure Control Equipment   |                      | X      |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Mast  |  | X                    |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Weight & Measuring Devices  |  | X                    |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Downhole Tools  |  | X                    |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Total   |  | 0                    | 0      | 0        | 0        | 0                        | 0                  | 0                  | 0                  | 0 |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Comments by Operator [please specify competency gaps / area of improvement] |  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| EXECUTE THE WELL SERVICES OPERATION (IF ANY)<br>(Operating Winch)           |  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
| Date / Location / Well No. / Job Type                                       | Activity Summary   |                      |        |          |          | Toolstring Configuration |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |        |          |          |                          |                    |                    |                    |   |  |  |    |   |   |   |   |   |   |   |   |            |  |   |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |               |  |   |  |  |  |  |  |  |  |           |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |      |  |   |  |  |  |  |  |  |  |                            |  |   |  |  |  |  |  |  |  |                |  |   |  |  |  |  |  |  |  |       |  |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |







| Type of Task |          | Tasks Performed      | Assessor Comment                  |
|--------------|----------|----------------------|-----------------------------------|
| JOB DETAIL:  |          |                      |                                   |
| DATE         | WELL NO. | JOB TYPE             | STATUS<br>(COMPLETE / INCOMPLETE) |
| 3/10/2023    | sj 605L  | WAX CUT              | completed ( 7/10/23)              |
| 13.10.2023   | Sf19L    | Zone change and Glvc | completed (17/10/23)              |
| 19/10/2023   | SF 41    | GLvc                 | completed (23/10/23)              |
|              |          |                      |                                   |
|              |          |                      |                                   |
|              |          |                      |                                   |

To be completed by verifier (FSM)

SUMMARY OF OVERALL PERFORMANCE

|   |  | Weight | Score |        |
|---|--|--------|-------|--------|
|   |  |        | Total | %      |
| A | Safety Awareness                                   | 20     | #REF! | #REF!  |
| B | Work Performance                                   | 20     | #REF! | #REF!  |
| C | Technical Skills                                   | 60     | 52    | 44.571 |
|   | 1. Pre-Job Preparation                             | 8      |       |        |
|   | 2. Surface Equipment Rig-up                        | 7      |       |        |
|   | 3. Tools / Equipment Preparation                   | 8      |       |        |
|   | 4. Equipment Problem Troubleshooting               | 9      |       |        |
|   | 5. Downhole Tools Servicing/Redressing/Maintenance | 6      |       |        |
|   | 6. Tools Inventory & Reporting                     | 7      |       |        |
|   | 7. Equipment Operation                             | 7      |       |        |
| D | TOTAL (A+B+C)                                      | 100    |       | #REF!  |