

## COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK

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

|             |                            |           |                          |
|-------------|----------------------------|-----------|--------------------------|
| Name        | ZALANI B IBRAHIM           | COB Date  | 15-Jul-20                |
| Position    | GENERAL EQUIPMENT OPERATOR | RTB Date  | 20-Jul-20                |
| Client      | PETRONAS CARIGALI          | Location  | DULANG B                 |
| Platform    | DULANG                     | Well      | B 03 L                   |
| Assessed By | YUSOF B MUDA               | Position: | COILED TUBING SUPERVISOR |

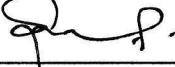
## RATING LEGEND:

|                    |   |
|--------------------|---|
| STRONG             | Performance consistently exceeded expectations in all essential areas of responsibility, and the quality of work overall was excellent                            |
| ADEQUATE           | Performance consistently met expectations in all areas of responsibility, at times possibly exceeding expectations, and the quality of work overall was very good |
| IMPROVEMENT NEEDED | Performance did not consistently 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 |  |
| <b>Safety Awareness (20%)</b>                   | ✓                                   |   |   |          |   |   |                    |   |  |
| a. Usage of Personal Protective Equipment       | ✓                                   |   |   |          |   |   |                    |   |  |
| b. Participation in UAUC                        | ✓                                   |   |   |          |   |   |                    |   |  |
| c. Understanding of PTW System                  | ✓                                   |   |   |          |   |   |                    |   |  |
| d. Worksite House Keeping                       | ✓                                   |   |   |          |   |   |                    |   |  |
| <b>Work Performance (20%)</b>                   |                                     |   |   |          |   |   |                    |   |  |
| 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:

- Candidate is a good worker in every way.  
- Every task given is carried out as best as possible.

|  |   |
|--|---|
| Assessed By<br>(Supervisor)  |  |
| Name   | YUSOF B MUDA  |
| Doc. Ref. No.: CTS-FORM-90<br>Date: 20/08/2020<br>Revision No.: 01 | 20/08/2020  |
| Effective Date: 21/08/2023<br>(Rev.00, Dated:22/09/19-OBSOLETE)    | CONTROLLED COPY   |

# 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                      | 1. Attend toolbox and morning meeting with CSR.<br>2. Attend pre job meeting with client PCSB<br>3. Pre-check/EMC1 all CTU equipment before run the job.   | - DONE -               |                   |        |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
|   | <table border="1" style="width: 100px; margin-left: auto; margin-right: auto;"> <tr> <td colspan="3" style="text-align: center;">Rating (by SUPERVISOR)</td> <td colspan="3" style="text-align: center;">STRONG</td> </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> </tr> </table>                          | Rating (by SUPERVISOR) |                   |        | STRONG                              |  |  | 10 | 9 | 8 | 7 | 6 | 5 | ADEQUATE |  | IMPROVEMENT NEEDED |  |  |  |  |
| Rating (by SUPERVISOR)                      |  |                        | STRONG            |        |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| 10  | 9  | 8                      | 7                 | 6      | 5                                   |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| 2. Surface Equipment Rig-up                 | 1. Assist crew to rig up pumping surface line from SP01 to coil reel and kill port to combi BOP.<br>2. Assist crew to rig up N2 line from NCV to CT reel.<br>3. Rig up 4" hose from fluid storage tank to SP01.<br>4. Rig up 4" hose from BMX tank to SP01.<br>5. Spot/arrange flood light, control cabin and tool container electric cable to junction box.<br>6. Rig up water injection line from well to fluid storage tank.<br>7. Rig down wilden pump, 2" spring hose and air hose from sea deck to main deck | - DONE -               |                   |        |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
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| Rating (by SUPERVISOR)                      |  |                        | STRONG            |        |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| 10  | 9  | 8                      | 7                 | 6      | 5                                   |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| 3. Tools / Equipment Preparation            | 1. Perform EMC1 on Control Cabin, Stripper, Single and Combi BOP, CT reel, CIDF 01, Injector Head, Jacking Frame and Power Pack for pre job.<br>2. Prepare Downhole tools to be use during job.  | - DONE -               |                   |        |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
|   | <table border="1" style="width: 100px; margin-left: auto; margin-right: auto;"> <tr> <td colspan="3" style="text-align: center;">Rating (by Operator)</td> <td colspan="3" style="text-align: center;">STRONG</td> </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> </tr> </table>                            | Rating (by Operator)   |                   |        | STRONG                              |  |  | 10 | 9 | 8 | 7 | 6 | 5 | ADEQUATE |  | IMPROVEMENT NEEDED |  |  |  |  |
| Rating (by Operator)                        |  |                        | STRONG            |        |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| 10  | 9  | 8                      | 7                 | 6      | 5                                   |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| 4. Equipment                                | 4.1 Batch Mixer  | - DONE -               |                   |        |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
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|   | Rating (by SUPERVISOR)   |                        |                   | STRONG |                                     |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| 10  | 9  | 8                      | 7                 | 6      | 5                                   |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
| Employee was able to OPERATE the equipment: |  |                        | Under Supervision |        | <input checked="" type="checkbox"/> |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |
|   |  |                        | Standalone        |        | <input checked="" type="checkbox"/> |  |  |    |   |   |   |   |   |          |  |                    |  |  |  |  |

## 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                          | 4.2 Pump Unit   |        |   | - DONE -          |          |   |   |                    |   |   |   |
|  | 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 | 4.3 Nitrogen Pump unit & Nitrogen Tank<br>1. Assist crew to rig up 2" HP treating line to CT reel and include bleed off line.<br>2. Assist crew to rig up cryogenic hose from N2 tank to inlet and outlet line on NCV             |        |   | - DONE -          |          |   |   |                    |   |   |   |
|  | 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                         | 4.4 Power Pack<br>1. Perform EMC 1 for pre and post job   |        |   | - DONE -          |          |   |   |                    |   |   |   |
|  | 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                      | 4.5 Control Cabin<br>1. Setup job file before start any run.<br>2. Communicated with toolman during milling job<br>3. Perform EMC 1 for pre and post job.<br>4. Update job ticket including chemical tracking and chemical ticket |        |   | - DONE -          |          |   |   |                    |   |   |   |
|  | 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         |   |   | ✓ |

# 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 |   |   |          |   |   |                    |   |   |                   |                          |            |
|---|--|------------------|---|---|----------|---|---|--------------------|---|---|-------------------|--------------------------|------------|
| <p><b>4.6 CT Reel</b><br/>1. Perform EMC 1 for pre and post job</p>   | - Done -   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
|   | <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> <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>Under Supervision</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standalone</td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                  |   |   |          |   |   |                    |   |   | Under Supervision | <input type="checkbox"/> | Standalone |
| Under Supervision   | <input type="checkbox"/>   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
| Standalone  | <input checked="" type="checkbox"/>  |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
| <p><b>4.7 Injector Head</b><br/>1. Top up Injector Lube Oil before start job.<br/>2. Top up Injector gear box oil prior to start job.<br/>3. Perform EMC 1 for pre and post job</p>                     | - Done -   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
|   | <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> <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>Under Supervision</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standalone</td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                  |   |   |          |   |   |                    |   |   | Under Supervision | <input type="checkbox"/> | Standalone |
| Under Supervision   | <input type="checkbox"/>   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
| Standalone  | <input checked="" type="checkbox"/>  |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
| <p><b>4.8 Pressure Control Equipment</b><br/>1. Function test Single and Combi BOP prior to start job.<br/>2. Function test Stripper prior to start job.<br/>3. Perform EMC 1 for pre and post job.</p> | - Done -   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
|   | <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> <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>Under Supervision</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standalone</td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                  |   |   |          |   |   |                    |   |   | Under Supervision | <input type="checkbox"/> | Standalone |
| Under Supervision   | <input type="checkbox"/>   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
| Standalone  | <input checked="" type="checkbox"/>  |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
| <p><b>4.9 Basic BHA Components</b><br/>1. Prepare and make up BHA configuration to be use on the job</p>  | - Done -   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
|   | <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> <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>Under Supervision</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standalone</td> <td><input checked="" type="checkbox"/></td> </tr> </table>     |                  |   |   |          |   |   |                    |   |   | Under Supervision | <input type="checkbox"/> | Standalone |
| Under Supervision   | <input type="checkbox"/>   |                  |   |   |          |   |   |                    |   |   |                   |                          |            |
| Standalone  | <input checked="" type="checkbox"/>  |                  |   |   |          |   |   |                    |   |   |                   |                          |            |

**COILED TUBING PERFORMANCE ASSESSMENT FEEDBACK**

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

| Type of Task   | Tasks Performed |   |   | Assessor Comment       |   |   |                           |   |   |
|--|-----------------|---|---|------------------------|---|---|---------------------------|---|---|
| <b>5. Job Supervision</b><br>(if applicable)<br><i>Please complete this section if you perform any supervisory role during operation</i> |                 |   |   |                        |   |   |                           |   |   |
| <b>Rating (by SUPERVISOR)</b>  | <b>STRONG</b>   |   |   | <b>ADEQUATE</b>        |   |   | <b>IMPROVEMENT NEEDED</b> |   |   |
|  | 10              | 9 | 8 | 7                      | 6 | 5 | 4                         | 3 | 2 |
| <b>Please ✓ accordingly to confirm the role of the employee during operation</b>   |                 |   |   | Full Supervisor        |   |   |                           |   |   |
|  |                 |   |   | 2nd / Night Supervisor |   |   |                           |   |   |

## 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> ) |
|------------------------|--|--|
| 15-Jul-20<br>20-Jul-20 | MILLING JOB AFTER CEMENTING ON WELL B 03 L<br><br>I was assigned as CT Operator on the Day Shift.<br>After Cement job used cement retainer, perform miling job untill top of cement retainer<br>Every time communicated wit toolman during milling operation. Used 2.28" junk mill bit<br>Target depth 1995m MDTHF untill top of plug 2004m MDTHF<br>Job suscess and achived the target untill top of cement retainer. POOH to surface | - STANDALONE -   |
|                        |  |  |

Please tick (✓) category of services performed:

## Standard Services:

Wellbore Cleanout  
CT Cementing  
Nitrogen Operations  
Pumping Services


## Advanced Services

CT Fishing  
CT Miling  
CT Logging  
CT Perforation