

SLICKLINE ASSISTANT PERFORMANCE ASSESSMENT FEEDBACK

(PART 1: To be completed by Assessor)

| | | | |
|-------------|---|----------|--------------------------|
| Name | IMAN ZULHILMI BIN ZAKARIA | COB Date | 19/10/20 |
| Position | SLICKLINE ASSISTANT II | RTB Date | 11/10/20 |
| Client | VESTIGO | Location | LARUT-A |
| Platform | LARUT-A | Well | LRA-5L, 11L, 20L, 34, 21 |
| Assessed By | Name:SAHRIZAN BIN SAPARI Position:SENIOR GENERAL 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) |
|---------------------|-------------------------------------|
|---------------------|-------------------------------------|

Safety Awareness (20%)

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

| STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | |
|--------|---|---|----------|---|---|--------------------|---|---|
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 |
| | | | ✓ | | | | | |
| ✓ | | | | | | | | |
| | ✓ | | | | | | | |
| | | ✓ | | | | | | |

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:

Overall performance good, some area need improvement.
 be preparation of dkt, serving before execute the job
 with minimum supervision
 Give him opportunity to move for next level.

| | |
|---------------------------|---------------------|
| Assessed By [Operator] | |
| Name | SAHRIZAN BIN SAPARI |
| Date | 11/11/2024 |

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 | TBT WITH WIS AND WAITING PERMIT APPROVAL, RIVIEW JHA, SAFETY SHAIRING AND RIVIEW JOB PROGRAM (PERFORM SAFETY TALK ABOUT BUDDY SYSTEM) | Good understanding about PTW & submitted ucuu daily bases | | | | | | | | | |
| | Rating (by Operator) | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 2. Surface Equipment Rig-up | *ARRANGE EQUIPMENT MAINDECK. *MAKE SECTION LUBRICATOR, OPEN TREE CAP, RIG UP RISER + PUMP IN TEE + BOP + QTS + LUBRICATOR + STUFFING BOX. *HOOKUP MANIFLOD SCSSV AND CONTROL LINE TO WELL. | Good | | | | | | | | | |
| | Rating (by Operator) | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 3. Tools / Equipment Preparation | *PREPARE TOOL STRING CONFIGURATION FOR NEXT RUN. *PREPARE MAINFOLD FOR LUBRICATOR TRCSSV AND PUMP IN TEE. *PREPARE PULLING TOOL, OK-6, JDC, X-LINE LOCK MANDREL, PXX PLUG AND PRONG | Good | | | | | | | | | |
| | Rating (by Operator) | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 4. Equipment Problem Troubleshooting [Please state type of equipment and describe troubleshooting job performed] | *OBSERVED SNAP TITE MAST LEAKING AND CHANGE NEW (PROBLEM RESOLVE) | Good | | | | | | | | | |
| | Rating (by Operator) | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |
| 5. Downhole Tools Servicing/Redressing/Maintenance | *RE PIN X-LINE AND LOCK MANDREL. *SET EAJ TO 300LBS. SERVICE S SERIES, J SERIES, GS AND PCE PULLING TOOL. *SERVICE MTRS FOR TIGHTEN ROLLER BEFORE RUN IN HOLE. *REDRESS RE PIN OK-6 AND JK-1. *REEDRESS GS, JDC, RB, PCE PULLING TOOL AND RELEASABLE SPEAR AND RE-PIN. *SETTING PETROLINE SPRING JAR. | Good | | | | | | | | | |
| | TBT | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | |
| | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | |

Doc.Ref.No.: SLS-FORM-13

Revision No.: 03

Effective Date: 22/05/2023

(Rev.02,Dated:14/06/19-OBSOLETE)

CONTROLLED COPY

| Type of Task | Tasks Performed | Assessor Comment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------------|--------|----------|--------------------------|----------|--------------------|---|--------------------|--|--|--|----|---|---|---|---|---|---|---|---|------------|--|--|--|---|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|---|--|--|--|--|--|-----------|--|--|--|---|--|--|--|--|--|----------------------------|--|--|--|---|--|--|--|--|--|------|--|--|--|---|--|--|--|--|--|----------------------------|--|--|--|---|--|--|--|--|--|----------------|--|--|--|---|--|--|--|--|--|-------|---|---|---|---|---|---|---|---|---|--|
| 6. Tools Inventory & Reporting | *REPORT SUMMARY FOR OFFSHORE UPDATE. | update daily operation in group. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <th>Rating (by Operator)</th><th colspan="3">STRONG</th><th colspan="3">ADEQUATE</th><th colspan="3">IMPROVEMENT NEEDED</th></tr> <tr> <td></td><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> | 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"> <tr> <th>Rating (by Operator)</th><th colspan="3">STRONG</th><th colspan="3">ADEQUATE</th><th colspan="3">IMPROVEMENT NEEDED</th></tr> <tr> <td></td><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> <tr> <td>Power Pack</td><td></td><td></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></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Test Pump</td><td></td><td></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></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Mast</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Weight & Measuring Devices</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Downhole Tools</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>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> </table> | Rating (by Operator) | STRONG | | | ADEQUATE | | | IMPROVEMENT NEEDED | | | | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | Power Pack | | | | / | | | | | | Air Compressor | | | | | | | | | | GenSet | | | | | | | | | | Control Panel | | | | / | | | | | | Test Pump | | | | / | | | | | | Pressure Control Equipment | | | | / | | | | | | Mast | | | | / | | | | | | Weight & Measuring Devices | | | | / | | | | | | Downhole Tools | | | | / | | | | | | 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 | | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Compressor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GenSet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Control Panel | | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Pump | | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pressure Control Equipment | | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mast | | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weight & Measuring Devices | | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Downhole Tools | | | | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Comments by Operator [please specify competency gaps / area of improvement] Do servicing on dht (picking, running tool). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXECUTE THE WELL SERVICES OPERATION (IF ANY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Operating Winch) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date / Location / Well No. / Job Type | Activity Summary | | | | Toolstring Configuration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <th>Rating (by Operator)</th><th colspan="3">STRONG</th><th colspan="3">ADEQUATE</th><th colspan="3">IMPROVEMENT NEEDED</th></tr> <tr> <td></td><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> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Comments by Operator [please specify competency gaps / area of improvement] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Type of Task | | Tasks Performed | Assessor Comment |
|--------------|----------|-----------------|-----------------------------------|
| JOB DETAIL: | | | |
| DATE | WELL NO. | JOB TYPE | STATUS (COMPLETE / INCOMPLETE) |
| 22/10/21 | LRA-5L | TCC PRIOR LID | INCOMPLETE |
| 1/11/21 | LRA-11L | ILD | COMPLETE |
| 3/11/21 | LRA-20L | TCC | INCOMPLETE |
| 4/11/21 | LRA-34 | TCC AND MPLT | COMPLETE |
| 9/11/21 | LRA-29 | TCC AND MPLT | COMPLETE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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! |

Please refer
to CMS for
the rating!