



Competency Assessment Form

Section: 7-1.0.Sup2

Employee Name: _____

Competency: Unit 1 - Supervise Critical Sour Well Operations

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 1.1 Manage Company Role in Emergency Response Plan			
Performance criteria			
a) Site-specific ERP contents are identified and understood (What would your responsibilities be in the event of loss of well control if all other supervisors were incapacitated because of H2S?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
b) Corporate-level ERP contents are understood and acknowledged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
c) Attendance at ERP review meeting is confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Range Statements			
1. Site-specific ERP contents: Summary; Emergency definition and action; Evacuation procedures; Ignition criteria; Resident information package; Contact information; Maps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Essential Knowledge			
1. ERP requirements of Alberta Energy Utility Board Interim Guide 71.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
2. Practices to ensure the personnel you supervise understand the response requirements as spelt out in the ERP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Outcome 1.2 Ensure Adherence to Industry Recommended Practices			
Performance criteria			
a) Operating practices as defined in Industry Recommended Practices (IRP's) are understood and adhered to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			



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Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
a) CONT (How has the candidate adhered to IRP recommendation in previous jobs? Snubbing company managers. How has the candidate adhered to IRP recommendations on your jobs? (Client) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Pressure tests are conducted to statutory and IRP specifications. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Potential LEL (Lower Explosive Limit) issues are planned for. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Operating practices: Safety and operational meeting; Contingency practices; Pressure testing Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Industry Recommended Practice (IRP) Volume 15: Snubbing Operations. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Snubbing references as contained in: i) Industry Recommended Practice (IRP) Volume 1: Critical Sour Drilling. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CONT ii) Industry Recommended Practice (IRP) Volume 2: Completing and Servicing Critical Sour Wells. iii) Industry Recommended Practice (IRP) Volume 6: Critical Sour Underbalanced Drilling. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 7-3.0.Sup2

Employee Name: _____

Competency: Unit 3 - Supervise the Snubbing Component of Drilling Rig Operations

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 3.1 Review and Validate the Snubbing Component of the Drilling Rig Program			
Performance criteria			
a) Review the Snubbing portion of the drilling rig program if there is one. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Site conditions are observed prior to site access. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Job requirements are confirmed with the well site supervisor. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Create the Snubbing portion of the drilling rig program if required. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Communications with onsite personnel are effective and conform to company policy. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Well site and well auxiliary equipment are deemed to be in a safe condition for the work to proceed. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Equipment is sited for safe and optimum use. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Safety and operations discussion is conducted according to company requirements. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Snubbing portion drilling rig program: Goals of the program; Feasibility of accomplishing the Snubbing Operations: Well Information; Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 7-3.0.Sup2

Employee Name: _____

Competency: **Unit 3 - Supervise the Snubbing Component of Drilling Rig Operations**

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
1. CONT Auxiliary equipment needed to do the job; Drill string and down hole tools required; components in place to cover contingency scenarios. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Site conditions: Well identification; Signs; Wind direction; Mud/soft spots; Onsite equipment Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. onsite personnel: Wellsite supervisor; Other personnel Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. safe condition: Visibility; Temperature; Pressures; Access; 3rd party equipment fitness for purpose. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety and operations discussion: Rigging up method; Personnel responsibilities; Safety responsibilities; Review downhole equipment; transition points. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. What constitutes unsafe well and location conditions. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What constitutes a location hazard. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 3.2 Supervise Snubbing Component of Drilling Rig Operations			
Performance criteria			
a) Ensure that the Snubbing Portion of the Drilling Rig Program is being followed. P=D Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Safe working practices and agreed safety measures are implemented in accordance with statutory, industry and company requirements. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Bottom hole assembly and drill strings are pulled according to client and company procedures. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

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Employee Name: _____

Competency: **Unit 3 - Supervise the Snubbing Component of Drilling Rig Operations**

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
d) Contingency plans are applied as required. (Describe some situations where you have handled tough operational problems. (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Daily reports are accurately prepared Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Safe working practices: Individual operation; Team operation; Use of personal protective equipment; Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. CONT Consideration of H2S and other toxic substances; Continuous communication maintained; Reacting to on-site emergencies. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Statutory, industry and company requirements for safety. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment operating limits. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What constitutes an unusual occurrence and how to respond to it. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 7-2.0.Sup2

Employee Name: _____

Competency: Unit 2 - Supervise Wells with Surface Pressure Greater Than 21 MPa

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 2.1 Contribute to Job Planning and Preparation			
Performance criteria			
a) The project's scope and definition are clarified in consultation with all stakeholders. (Describe some situations where you could require auxiliary equipment on the lease. (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Plans are developed to achieve the project's goals. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Your contribution to project mobilization meets company guidelines. (How effectively does the candidate contribute to job planning? (Candidate) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. stakeholders: Snubbing company personnel; Oil company personnel. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plans: Equipment; Personnel; Supplies; Third party resources; Hazard assessment; Contingency plans; ERP Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. Contingencies that may arise during the job and the measures required in place to deal with them. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your role in risk identification and assessment. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your personal level of responsibility and accountability for your activities. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 7-2.0.Sup2

Employee Name: _____

Competency: **Unit 2 - Supervise Wells with Surface Pressure Greater Than 21 MPa**

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
4. What constraints usually exist in this type of job (for example, time, resources, technology and legislation). Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How to identify and specify the competencies, skills and knowledge which team members need. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 2.2 Coordinate the Running of the Job			
Performance criteria			
a) The project team is provided with necessary support. (Is your Supervisor readily available when you need him? (Subordinates) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Co-ordination of the job is performed according to company standards. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)CONT(Does the candidate consistently take responsibility for actions &decisions on the job site?Manager;What does candidate have you do with respect to maintenance schedules on these jobs? (Subordinates) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Client is kept informed of project's progress. (Does the candidate keep you adequately informed during the job? (Client) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. necessary support: Crew provided with clear, accurate and up-to-date information on their role; Activities provide for crew members' personal development; Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. CONT Crew member perspective is actively sought; Provide support and encouragement to crew; Assist oil company representative with tool string placement. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Co-ordination of the job: Monitor to ensure consistency with plans; Recommend changes in job activities, plans and resources if required; Communicate with all stakeholders on job progress. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			



Competency Assessment Form

Section: 7-2.0.Sup2

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Competency: Unit 2 - Supervise Wells with Surface Pressure Greater Than 21 MPa

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
1. Methods which can be used to motivate team members and gain their commitment. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The types of problems which team members and stakeholders may experience. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How to identify and assess emerging risk. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The methods which may be used to keep stakeholders up to date. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How to assess job progress and to determine if planned project activities need to be adjusted. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome 2.3 Contribute to Job Closure			
Performance criteria			
a) Job activities are completed according to project plan. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your contribution to the evaluation of job outcomes meets company standards. (Does the candidate consistently ensure that auxiliary equipment is returned in a timely manner? (Field Supervisor) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) CONT (Does the candidate consistently complete required documentation in an accurate and timely manner? (Field Supervisor) Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range Statements			
1. Job activities: Deliverables to client; Crew debriefed; Higher level company managers informed on job outcomes; Field tickets; Job costs; Perspectives gathered from all key stakeholders. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Competency Assessment Form

Section: 7-2.0.Sup2

Employee Name: _____

Competency: **Unit 2 - Supervise Wells with Surface Pressure Greater Than 21 MPa**

Assessment Date: _____

Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
2. evaluation of job outcomes: Changes from plans made during job; Reasons for variations in plans; Costs analyzed; Performance of equipment and crew assessed. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Knowledge			
1. The importance of obtaining client agreement that all specified work has been carried out. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The records and documents which need to be completed and why. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How to identify, collect, verify and collate information which will assist in job evaluation Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How to identify the key lessons from an evaluation and why it is important to record and store evaluation results for future use. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Worker Signature

Assessor Signature



Competency Assessment Form

Section: 7-4.0.Sup2

Employee Name: _____

Competency: Unit 4 - Additional Specifics

Assessment Date: _____

Prerequisite Policies	Ver.	Prerequisite Procedures	Ver.
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Performance Criteria / Assessment Comments	Requires Supervision*	Independently Competent**	Instructor / Assessor***
Outcome 4.1 - Additional Specifics			
Performance Criteria			
Works effectively as liason between field staff and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Communicates and understands all company policies and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			
Supervise work on fishing operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____			

Assessed Worker Signature

Assessor Signature

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