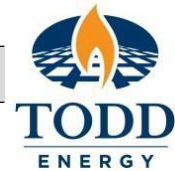


PTW Safety Checklist No. 35



WELL ENTRY OPERATIONS

Other Checklists that may be relevant:		24 , 25 , 29 , 51
Permit Number:		Date:
Rev 4	Issue Date: 25/01/2021	Authorised By: PSM

PRIOR TO PERMIT ISSUE:

- | | Y | N | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1 Agree location of equipment with Permit Issuer.
NOTE: Equipment should always be placed as far away from process equipment as practical.
Specify Location: _____
(use Plot Plan when multiple locations required) | <input type="checkbox"/> | | |
| 2 Have all required parties signed off the work programme?
Programme Name: _____ | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3 Confirm if gas and flame detectors require isolation in the vicinity of work area. | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4 Confirm the Isolation is in place and fit for purpose. IC # _____ | <input type="checkbox"/> | | <input type="checkbox"/> |
| 5 If explosives are to be used, the approved contractors Explosive Safety Checklist is to be followed for this purpose. Ensure the contractor Checklist is available and submitted with this Permit. | <input type="checkbox"/> | | <input type="checkbox"/> |
| 6 If explosives are to be used, confirm that a Controlled Substance License (New Zealand) holder is on site and that his/her license is current. | <input type="checkbox"/> | | <input type="checkbox"/> |
| 7 Does the system that is to be worked on contain Mercury contamination? (refer to <u>Site Mercury Register</u>) If the answer is yes, refer to Standard Operating Procedure (SOP) <u>STA-01.43</u> and PTW <u>Checklist 25</u> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR TO WORK COMMENCING:

- | | |
|---|--------------------------|
| 8 Well handover sheet has been completed. | <input type="checkbox"/> |
| 9 A portable dry powder extinguisher is present at the combustion engine site. | <input type="checkbox"/> |
| 10 Barriers and warning signs are erected to exclude all non-involved persons from the area. | <input type="checkbox"/> |
| 11 A method of determining wind speed and direction is available. | <input type="checkbox"/> |
| 12 Physical barriers are erected around open hatches and removed gratings. | <input type="checkbox"/> |
| 13 Safe methods of communication have been made clear and are understood by all personnel involved in the work program. | <input type="checkbox"/> |

SET UP EQUIPMENT:

Y N N/A

- 14 All equipment and fittings are certified and suitably rated for expected in-service pressure.
- 15 All equipment is bonded to earth where necessary.
- Measure resistance between well entry equipment and plant earth. Readings must be below 10Ω ohms. Record reading on continuity section of HW2 permit.

CARRY OUT PROCEDURE:

- 16 All work shall be carried out as per Well Services approved procedures.
- 17 Function test Well Services Emergency Shutdown Systems and ensure personnel are competent and willing to operate them in an emergency (e.g. Well Control Panel and winch panel).
- 18 All personnel involved are familiar with the Well Services ESD and Site ESD initiation points.
- 19 Prior to bleeding down gas to atmosphere check wind direction and inform operations.

COMPLETION OF WORK:

- 20 Function / inflow test SCSSSV after well entry and reinstate control panels to normal operation.
- 21 Complete the Well Handover Sheet. (NB: This can only be done after / during completion of the de-isolation process).

WELL HANDOVER SHEET

WELL: _____

Permit # (s): _____

Date/Time: _____ Isolation # _____

THP & Time/Date recorded	Operations to Well Services			Well Services to Operations		
	Pressure	Time/Date		Pressure	Time/Date	
A/B/C Annulus Pressures	A	B	C	A	B	C
Lower Master Valve	OPEN/CLOSED			OPEN/CLOSED		
Upper Master Valve (SSV)	OPEN/CLOSED			OPEN/CLOSED		
Flow Wing Valve	OPEN/CLOSED			OPEN/CLOSED		
Outer Flow Wing Valve (where installed)	OPEN/CLOSED*/NA			OPEN/CLOSED*		
Kill Wing Valve	OPEN/CLOSED			OPEN/CLOSED		
Outer Kill Wing Valve (where installed)	OPEN/CLOSED*/NA			OPEN/CLOSED*		
Lower Swab Valve	OPEN/CLOSED			OPEN/CLOSED		
Upper Swab Valve	OPEN/CLOSED/NA			OPEN/CLOSED/NA		
SCSSV (WR or TR)	OPEN/CLOSED			OPEN/CLOSED		
SCSSV On facility supply and locked open	YES/NO			YES/NO		
SSV On facility supply and locked open	YES/NO			YES/NO		
Control line Pressure						
Chemical injection system	OPEN/CLOSED/NA			OPEN/CLOSED		
Notes - NORM readings, hydrates, other issues, etc.				NA		

General comments: (Any detail specific to the well that the receiving party needs to be aware of eg: Current solids rate, fish left in hole, known production data.)

***If no valve fitted then write "N/A"**

WELL HANDED OVER TO WELL SERVICING TEAM BY/DATE :

WELL ACCEPTED BY WELL SERVICING TEAM BY/DATE :

WELL HANDED BACK TO OPERATIONS BY/DATE :

WELL ACCEPTED BACK BY OPERATIONS BY/DATE :