

(Handwritten initials)

* If Applicable

Billing Date	Rig / Lot	Time	ACTIVITY	Hours	ID Base Number	Segment	Company Representative Signature
25/09/2023	C13	08.30-12.30	Inspection service lifting equipment	8	253158	DAM	<i>(Signature)</i>
26/09/2023	Q13	08.50-12.30	Inspection service lifting equipment	8	255995	CONVEYOR	<i>(Signature)</i>
27/09/2023	D13	08.30-12.30	Inspection service lifting equipment	8	253158	DAM	<i>(Signature)</i>
29/09/2023	C15	08.30-12.30	Inspection service lifting equipment	8	254999	RST	<i>(Signature)</i>
30/09/2023	C13	08.50-12.30	Inspection service lifting equipment	9	254999	RST	<i>(Signature)</i>
01/10/2023	C12	08.50-12.30	Inspection service lifting equipment	8	251685	R30	<i>(Signature)</i>
03/10/2023	Q13	08.50-12.30	Inspection service lifting equipment	8	259819	ALS-PS	<i>(Signature)</i>
04/10/2023	C15	08.30-12.30	Inspection service lifting equipment	8	251685	R30	<i>(Signature)</i>
05/10/2023	C15	08.40-12.50	Inspection service lifting equipment	8	256685	WCH	<i>(Signature)</i>
06/10/2023	C15	08.50-12.30	Inspection service lifting equipment	8	251685	R30	<i>(Signature)</i>
				TOTAL (hours)			

PT. INSPEKTINDO SINERGI PERSADA
SERVICES TIME SHEET



Personnel in Attendance

(Handwritten name)

Printed

21 SEP - 20 OCT 2023

Dem File

Contract PO No.

PT. SOLIMURGI Indonesia

Rig / Well

OB

Form No.

Date

Our Ref.

(Blank lines for form completion)