

PT. INSPEKTINDO SINERGI PERSADA
SERVICES TIME SHEET



Personnel in Attendance* : Syaiful / Ari
 Period* : 21 Mar - 20 Apr 2024
 Day Rate* :
 Per Diem Rate* :

Customer* : Schlumberger Indonesia
 Contract ID/PO No :
 Rig/Well : CIB

Date* :
 Our Ref :

Form No.

Billing Date*	Rig/Location*	Time*		Detail Activity*	Qty	UoM	BILLING				
		Start	Finish				Hours**	IBase ID*	BL's	Sub segment	Company Representative Signature*
22-Mar-2024	CIB	08:30	16:30	Inspection service lifting Equipment for SLB			8	306967	Production Systems	ALS-ARTC	<i>[Signature]</i>
23-Mar-2024	CIB	08:30	13:30	Inspection service lifting Equipment for SLB			5	306967	Production Systems	ALS-ARTC	<i>[Signature]</i>
26-Mar-2024	CIB	08:30	16:30	Inspection service lifting Equipment for SLB			8	307074	Well Construction	WCF	<i>[Signature]</i>
27-Mar-2024	CIB	08:30	16:30	Inspection service lifting Equipment for SLB			8	308902	Production Systems	CAM SUR	<i>[Signature]</i>
30-Mar-2024	CIB	08:30	13:30	Inspection service lifting Equipment for SLB			5	306473	Well Construction	DNM	<i>[Signature]</i>
1-Apr-2024	CIB	08:30	16:30	Inspection service lifting Equipment for SLB			8	310456	Production Systems	ALS-ARTC	<i>[Signature]</i>
2-Apr-2024	CIB	08:30	16:30	Inspection service lifting Equipment for SLB			8	306967	Production Systems	ALS-ARTC	<i>[Signature]</i>
3-Apr-2024	CIB	08:30	12:30	Inspection service lifting Equipment for SLB			4	310412	Well Construction	WCF	<i>[Signature]</i>
		12:30	16:30	Inspection service lifting Equipment for SLB			4	307546	Well Construction	WCF	<i>[Signature]</i>
4-Apr-2024	CIB	08:30	16:30	Inspection service lifting Equipment for SLB			8	307546	Well Construction	WCF	<i>[Signature]</i>
						TOTAL (Hours)	3				

*Mandatory to be fill

**12hour max man-hours

Submitted by,

[Signature]

Syaiful

Personnel in Attendance

PT. INSPEKTINDO SINERGI PERSADA
SERVICES TIME SHEET



Personnel In Attendance* : Syaiful / Ari Cahyadi
 Period* : 21 Mar - 20 April
 Day Rate* :
 Per Diem Rate* :

Customer* : Schlumberger Indonesia
 Contract ID/PO No :
 Rig/Well : CIB

Date* :
 Our Ref :

Form No. :

Billing Date*	Rig/Location*	Time*		Detail Activity*	Qty	UoM	BILLING				
		Start	Finish				Hours**	iBase ID*	BL's	Sub segment	Company Representative Signature*
5-Apr-24	CIB	08.30	16.30	Lifting Equipment Inspection Services			8	307546	Well Construction	WCF	
6-Apr-24	CIB	13.30	13.30	Lifting Equipment Inspection Services			4	307546	Well Construction	WCF	
						TOTAL (Hours)					

*Mandatory to be fill
 **12hour max man-hours

Submitted by,

 Syaiful