



Deep Panuke

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REVISION LIST	
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1 INTRODUCTION

1.1 Description

Encana Corporation (Encana) is seeking qualified companies interested in providing a Harsh Environment Jack-Up, Mobile Offshore Drilling Unit (MODU) capable of working in 30 – 65 meters of water at the Deep Panuke field location offshore Nova Scotia, Canada during the 2019-2021 timeframe.

1.2 Scope

The MODU is required to support the Plug and Abandonment (P&A) of four (4) producing subsea sour gas wells and one (1) subsea acid gas injection well, across the five (5) subsea well locations. All wells are equipped with a subsea tree which will be recovered by the MODU.

P&A activities will be executed from the MODU and will include tubing/control line recovery wireline, coiled tubing, section milling and cementing operations. These services will be provided by others under contract to Encana.

Contractor shall have extensive offshore drilling experience and have experienced personnel and available resources to perform all aspects of the Work. Contractor shall have demonstrated capability in the execution and completion of such projects in a timely and cost effective manner.

2 INSTRUCTIONS

Respondents shall complete and submit the Prequalification Questionnaire, including Appendices A and B attached hereto.

Respondents shall provide information as instructed in the Questionnaire. In some cases supplementary information is requested to support the answers. A Contents List, that clearly details the documents that are included in support of the submission, shall be provided. Any answers, which refer to Respondents' documents that are included to support the Questionnaire, should specify the page(s)/section(s) containing the information. The page(s)/section(s) referenced should be marked to indicate the section to which it refers. Separate sheets, as necessary, should be used to provide additional information.

Respondents are advised that the information requested in the Questionnaire are minimum requirements, sufficient for the EOI. For those companies invited to bid, additional detailed information will be requested by Encana at the Request for Proposal stage to adequately assess Bidder's capability to perform the Work.

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3 CORPORATE & FINANCIAL CAPABILITY

3.1 Company Name and Offices

Name: _____

Home Office Address: _____

Telephone: _____ Fax: _____

Nova Scotian Office Address: _____
(If relevant and if different than above)

Telephone: _____ Fax: _____

Registered Office Address: _____
(If different than above)

Telephone: _____ Fax: _____

3.2 Company's Corporate Status

Autonomous Unit _____

Subsidiary _____

Partnership _____

Joint Venture _____

Business Registration Number: _____

List Partnership / Joint Venture members

Name: _____

Address: _____

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Name: _____

Address: _____

Name: _____

Address: _____

3.3 Company's officers and directors

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

3.4 Company's ultimate parent company or controlling shareholder

Name: _____

Address: _____

3.5 Company's Financial Capability

Respondent shall provide a copy of its audited financial statements for the most recent fiscal year ended.



4 TECHNICAL CAPABILITY

4.1 Previous Experience

In response to the items a) to e) below, Respondent shall provide details of its previous experience for three (3) previous projects carried out with the MODU proposed – listing project details and contact names for references purposes:

- a) List any previous experience with Annular Velocity Control (AVC) operations using a rotating BOP.

- b) List any previous experience involving plug and abandonment activities.

- c) List and provide details for any experience with the recovery of subsea wellheads and completions from the jack-up using a surface BOP stack.

- d) List any experience recovering and handling horizontal subsea production trees and high pressure risers from the MODU. Include previous experience deploying and recovering an IWOCs basket and umbilical from the deck of the MODU.

- e) List and describe any capabilities to manage and provide additional services such as ROV support, H2S monitoring and safety protection (SABA & SCBA) and shore communications in addition to the MODU. If asked to provide these services in the RFP, how would the costs be administered?

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4.2 Availability

No date for cessation of production of the Deep Panuke field has been identified.

Encana is issuing this Expression of Interest to identify the availability of suitable equipment and services to conduct the work in the offshore Nova Scotia location during the 2019-2021 timeframe. The preferred window for carrying out the work is between the months of May and September. Any decisions on specific timing will be made at a later date.

This questionnaire completed by:

Type or print name: _____ Signature: _____

Title: _____ Date: _____

Email: _____



APPENDIX A - QA/QC QUESTIONNAIRE



Appendix A - QA/QC Questionnaire

Please respond to the following questions. A follow-up QA/QC assessment or audit will be conducted as part of the tendering process. Please attach the relevant documentation, where specified.

No.	Question	Yes/No/NA	Documentation to be submitted
Quality Management System			
General Requirements			
1	Has bidder established, documented, implemented and maintained a quality management system in accordance with the requirements of ISO 9001?		Copy of QMS and ISO 9001 certificate
Quality Manual			
2	Has a quality manual been established and maintained that includes: a) The scope of the quality management system, including details of, and justification for any exclusions b) Documented procedures established for the quality management system, or reference to them? c) Description of the interaction between the processes of the quality management system?		Copy of Quality Manual Table of Contents
Certification and Affiliations			
3	If Respondent Company does not have an established Quality Management System based on ISO 9001 requirements, please complete Appendix A-1.		Completed Appendix A-1

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Appendix A-1- ENCANA - DEEP PANUKE PROJECT			
QUALITY ANALYSIS OF CONTRACTOR BEING ISO-9001 DEFICIENT			
NO	ECA DPP INQUIRY	CONTRACTOR RESPONSE	REMARKS
1	Basic Quality documents: <ul style="list-style-type: none"> Quality plan, ISO-10005-2005 ITP, Inspection and Test Plan., (H, W, M, inspection points) 		
2	Organization: <ul style="list-style-type: none"> Chart Quality discipline included. 		
3	Processes validation: <ul style="list-style-type: none"> Welding procedures Welders Welding inspectors NDE procedures NDE inspectors Coating inspectors Coating procedures Protection of welding electrodes. 		
4	Inspection and Testing: <ul style="list-style-type: none"> Pipe lining Dimensional Welding NDE Repair rate Coating Electrical installation PMI, Positive Material Identification 		
5	Mill certificates delivery: <ul style="list-style-type: none"> Piping material 		

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Appendix A-1- ENCANA - DEEP PANUKE PROJECT			
QUALITY ANALYSIS OF CONTRACTOR BEING ISO-9001 DEFICIENT			
NO	ECA DPP INQUIRY	CONTRACTOR RESPONSE	REMARKS
	<ul style="list-style-type: none"> • Metal sheet • Welding base metal • Welding filler material • Pipe fittings, 		
6	Traceability: <ul style="list-style-type: none"> • Experience in fabrication to follow a traceability program effectively. 		
7	Shop training: <ul style="list-style-type: none"> • Any established training program for personnel in technical matters and safety 		
8	Calibration: <ul style="list-style-type: none"> • Testing is done with calibrated equipment. • Calibration sticker. • Calibration follow up 		
9	Control of nonconforming materials: <ul style="list-style-type: none"> • NCR form • NCR follow up • Handling of nonconforming product 		
10	Purchasing: <ul style="list-style-type: none"> • Process of selecting sub suppliers. • Existing list of approved sub suppliers • Receiving inspection • Receiving inspection report • PO experience in requiring mill certificates, certified equipment, quality requirement 		

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Appendix A-1- ENCANA - DEEP PANUKE PROJECT			
QUALITY ANALYSIS OF CONTRACTOR BEING ISO-9001 DEFICIENT			
NO	ECA DPP INQUIRY	CONTRACTOR RESPONSE	REMARKS
11	Certification, Regulatory: <ul style="list-style-type: none"> • Experience in working with a certifying authority and regulatory commission. • Certified equipment as per zone, gas group classification and temperature, certified pipe fittings. • CA inspection and CA reports. 		
10	Documentation control: <ul style="list-style-type: none"> • Describe documentation control for new documents • Distribution of documents to point of use • Handling of obsolete documents • Issue of as built 		
11	Records: <ul style="list-style-type: none"> • Protection • Legibility • Storage • Retention • Issue of a manufacturing data book 		
12	Safety: <ul style="list-style-type: none"> • Safety handbook • JSA (Job Safety Assessment) 		

NOTE: This quality analysis lists the basic quality requirements for a minimum acceptable. Contractor should provide samples as objective evidence that they are working conform to these inquiries.



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APPENDIX B - ENVIRONMENT, HEALTH AND SAFETY QUESTIONNAIRE



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**Environment, Health & Safety (EHS) Program
 Questionnaire**

Contractor Information

Company Name: _____

Division/District: _____

Address: _____

Telephone Number: _____ Type of Work Performed: _____

Name of Division/District Manager: _____

Name of 24/7 Emergency Response contact person and telephone/fax numbers:

Kind of Operation (check only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Exploration | <input type="checkbox"/> Drilling | <input type="checkbox"/> Well Servicing |
| <input type="checkbox"/> Plant Operations | <input type="checkbox"/> Well Operations | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Fabrication | <input type="checkbox"/> Construction | <input type="checkbox"/> Installation |
| <input type="checkbox"/> Other (please specify): _____ | | |

Employee/person Hours

Please complete the average number of employees and estimated person-hours for the last three (3) years:

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Number of Employees	_____	_____	_____
Person-Hours	_____	_____	_____



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Occupational Injury/Illness Experience

Please list the occupational injury/illness experience for the last three (3) years for the Company/Division/District shown above:

	2014	2015	2016
Number of Fatalities			
Number of Lost Time Injuries			
Number of Restricted Work Cases			
Number of Medical Aid Injuries			
Number of First Aid Injuries			
Number of Lost Work Days to Injury			
Number of Near Miss Reports			

Note: The Employee/Person Hours and the Occupational Injury/illness Experience are to include the hours and experience of all contractors and subcontractors while working directly for you on various Projects; not just your direct employee information. If you keep this data in other formats which you feel represents your data more accurately, such formats will be reviewed for acceptability.

Worker’s Compensation

Please provide the Worker’s Compensation Insurance Experience Rating for the Company Division/District shown above. If the population of employees upon which this rate is based is different from that upon which the Person-Hours and Injury/ Illness statistics are based, please describe the difference.

WCB Registration Number: _____

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Rating (\$/\$100 payroll)	_____	_____	_____

Environmental/Safety (Regulatory) Compliance

List the following information on any violations, citations or incidents of non-compliance experience during the last three (3) years. Warnings or contested violations later dismissed are excluded.

	<u>2014</u>	<u>2015</u>	<u>2016</u>
Number of violations, citations or incidents	_____	_____	_____
Number of agency Inspections conducted	_____	_____	_____
Amount of fines incurred	_____	_____	_____
List of agencies performing inspection:	_____	_____	_____

Note: The Regulatory Compliance information is to include violations, citations and/or EHS incidents of all contractors and subcontractors while working directly for you on various Projects; not just those directly

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attributed to you. If you keep this data in other formats which you feel represents your data more accurately, such formats will be reviewed for acceptability.

Appendix B - Environment, Health and Safety Questionnaire

Please respond to the following questions. A follow-up EHS assessment or audit will be conducted as part of the tendering process. Please attach the relevant documentation, where specified.

No.	Item	Status Yes/No/N.A.	Documentation/Information to be submitted
1. MANAGEMENT INVOLVEMENT AND LEADERSHIP			
1.1	Do you have a written EHS Policy ?		Copy of signed and dated policy
1.2	Do you have an EHS Management System to implement the policy?		Copy of EHS Management System Manual Table of Contents
1.3	Do you have an EHS Organizational Structure to administer and implement the management system?		Copy of organisation chart listing key personnel to be assigned to the project
1.4	Are EHS Performance Objectives established and measured for your organization and personnel?		
1.5	Does your company have a Contractor Safety Program to assess the suitability, competence and performance of sub-contractors?		Provide details
1.6	Do you have a process to manage regulatory compliance?		Provide details
2. HAZARD IDENTIFICATION AND RISK CONTROL			
2.1	Do you conduct formal Risk Assessments when planning and implementing operations/activities?		Provide details of risk management system, including risk tolerance levels and criteria used for assessing probabilities and consequences.
2.2	Has a formal Hazard Observation Program been implemented at your worksite, such as the Dupont STOP card system or equivalent?		Provide details of program
2.3	Do you have a formal EHS Inspection & Audit Program ?		Provide details of program
2.4	Do you have a Management of Change Program or procedure ?		
2.5	Does your organisation have a Quality Assurance Program for the procurement, test and certification of safety-critical equipment, materials, and services to be used on the project?		Provide details.
2.6	Do you have a process to collect, measure, evaluate and report on EH&S performance?		Provide details.

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No.	Item	Status Yes/No/N.A.	Documentation/Information to be submitted
3. RULES & WORK PROCEDURES			
3.1	Do you have documented Standard Operating Practices/Procedures for all jobs/work activities?		Provide table of contents for SOPs available.
3.2	Do you have a Safe Work Permit System to control all hazardous and non-routine activities and operations?		
3.3	Does your Emergency Response Plan (ERP) conform to a recognized standard such as CSA Z731 (<i>Emergency Planning for Industry</i>) or equivalent?		
3.4	Do you have an Alcohol and Drug Policy/Program ?		Provide copy of policy and procedure
3.5	Do you have detailed safety and environmental practices and procedures pertaining to Equipment Operations, Maintenance and Management Procedures ?		Provide details.
4. TRAINING			
4.1	Do you have a Training and Competency Assurance Program ?		Provide general description of program.
4.2	Is there a formal Safety Orientation Program ?		
5. COMMUNICATION			
5.1	Do you have a formal Documentation Management System ?		Provide details.
6. INCIDENT REPORTING & INVESTIGATION			
6.1	Is a formal Accident/Incident Reporting and Investigation Program in place?		Provide copy of program if not part of safety manual submitted.
6.2	Has your organisation been subject to any regulatory citations , investigations, fines or penalties by a government safety or environmental agency during the past 3 years?		Specific details of incident(s) describing the infringement, date of occurrence, nature of penalty, and corrective measures taken.
7. INCIDENT REPORTING & INVESTIGATION			
7.1	Do you have environmental stewardship practices in place?		Provide details.

Notes:

1. Please provide information on any other EHS programs or initiatives not covered above.
2. Complete and submit all information requested in a separate binder.