



Deep Panuke

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**EOI SS07
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Offshore Construction Activities Prequalification Questionnaire**

REVISION LIST	
REVISION	DESCRIPTION OF CHANGES
01U	Issued for Use

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1 INTRODUCTION

1.1 Description

EnCana is developing the Deep Panuke natural gas project in Nova Scotia's offshore (PROJECT). The PROJECT involves the installation of the facilities required to produce natural gas from the Deep Panuke field, located about 175 kilometres offshore Nova Scotia, approximately 47 kilometres west of Sable Island in a water depth of approximately 44 metres. Produced gas will be transported by subsea pipeline to Goldboro, N.S., where it will be transported via the Maritimes & Northeast Pipeline (M&NP) to markets in Eastern Canada and the northeastern United States. The design capacity of the project is up to 300 MMcf/d of sales-quality gas.

Regulatory applications for Deep Panuke were filed in 2006, with approvals granted in 2007. Deep Panuke was approved for development by EnCana's Board of Directors in October 2007. First gas from the project is expected in late 2010.

1.2 Business Opportunities

In accordance with the commitments made by EnCana, priority will be given to companies who can demonstrate the capability to complete the scope of work in Nova Scotia on a competitive basis, meeting or exceeding EnCana's requirements for safety, quality, technical suitability, reliability, delivery and environmental standards. Pre-qualified companies will be required to complete a Canada-Nova Scotia Benefits questionnaire, and demonstrate their commitment to and compliance with EnCana's requirements regarding Canada-Nova Scotia Benefits, during the tender process.

1.3 Scope

EnCana Corporation seeks qualified, experienced companies to provide offshore construction services for the execution of the following two scopes of work: (A) removal/clearance of existing flexible flowlines and cables, and (B) installation of five (5) Wellhead Protection (WHP) Structures. Interested parties may express interest in one or both scope activities.

NOTE:

Depending upon the response to this EOI, EnCana will determine if requests for proposals for the two scopes of work will be issued individually or as a combined package.

A. Removal/Clearance of Existing Flexible Flowlines and Cables

EnCana requires offshore construction services for the removal of decommissioned flexible flowlines and cable sections (approximately 20m width) near the Deep Panuke location to allow for the installation of the Deep Panuke export pipeline and infield flowlines.

The decommissioned flexible flowline and cable sections to be removed/cleared include:

- 8-inch flexible flowline
- 6-inch flexible flowline
- 3-inch power/communication cable
- CANTAT-II cable

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- Sablecom cable

All of the above items are buried with the exception of the Sablecom cable.

The successful bidder will be required to provide all personnel, equipment, procedures and vessel(s) to perform the work.

Bidders may propose either a diver or a diverless method for removal/clearance. NOTE: Bidders' proposed removal/clearance method and proposed equipment details must be described in their responses to this EOI.

Completion of work scope is required no later than May 1, 2009.

B. Installation of Wellhead Protection Structures

COMPANY requires offshore construction services, for the installation of five (5) Wellhead Protection Structures for the four existing production well sites and one future acid gas injection well.

The WHP Structure is a steel tubular lattice frame with an estimated 10m x 10m base, 10m overall height, and approximate weight of 50 tonnes; and secured to the seabed with driven steel pipe piles.

The scope of work is summarized as follows:

- Installation engineering
- Transport of structures from NS keyside to offshore location
- Installation of structures
- Installation of driven steel pile foundations

The successful bidder will be required to provide all personnel, equipment, procedures and vessel(s) to perform the work.

Completion of work scope is required no later than July 1, 2009, with anticipated May/June installation window.

2 INSTRUCTIONS

Respondents shall complete and submit this prequalification questionnaire in full. 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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This questionnaire completed by:

Type or print name: _____ **Signature:** _____

Title: _____ **Date:** _____

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3 CORPORATE & FINANCIAL CAPABILITY

3.1 Company Name and Offices

Name: _____

Home Office Address: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Office Address: _____

Registered Office Address: _____

(If different than above) _____

Telephone: _____ Fax: _____

3.2 Company's Corporate Status

Autonomous Unit _____ Subsidiary _____

Partnership _____ Joint Venture _____

List Partnership / Joint Venture members related to this EOI

Name: _____

Address: _____

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 Contractor Interest

Please indicate the scope of work (A and/or B), for which your company wishes to express interest.

A. Flowline/Cable Removal	Diver	<input type="checkbox"/>
	Diverless	<input type="checkbox"/>
B. WHP Structure Installation		<input type="checkbox"/>

4.2 Method Statements

Please provide a method statement describing how your company intends to execute the offshore construction activities identified in Section 4.1.

4.3 Capability

- a) Please describe your company’s capability to perform the offshore construction activities identified in Section 4.1.
- b) Please provide a list of the marine equipment spread that would be used to perform the offshore construction activities identified in Section 4.1. Indicate if the vessels are available within the contractor’s fleet and include the vessel specifications such as:
 - Crane Load and Clearance Curves
 - Main Deck Layout/ Space Availability
 - Vessel Data Sheet

4.4 Previous Experience

List previous relevant harsh environment subsea construction/installation projects, similar to the offshore construction activities required for EnCana’s Deep Panuke Project, that have been completed in the last five years. For each project listed, describe the scope of work, name of client, date of award and completion and approximate value.

4.5 Subcontractors

Respondents shall identify the aspects of the offshore construction activities identified in Section 4.1 that will be subcontracted.

4.6 Availability

Respondents shall confirm their availability to complete the offshore construction activities specified in Section 4.1 during the following periods:

- Flowline / Cable Removal - Prior to May 2009
- WHP Structure Installation – May/June 2009

A list of pending commitments during these periods shall be provided.

5. QA/QC QUESTIONNAIRE

Please respond to the following questions. A follow-up QA/QC assessment or audit may 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?		Registration certificate for ISO 9001 for Contractor and each subcontractor involved in the work
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 for Contractor and each subcontractor involved in the work
Certification and Affiliations			
3	Are there recognized company certifications or affiliations Contractor may have in place?		Provide certifications and or list

6. ENVIRONMENT, HEALTH AND SAFETY QUESTIONNAIRE

Please respond to the following questions. A follow-up EHS assessment or audit may 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 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
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
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 general description of program.
2.3	Do you have a formal EHS Inspection & Audit Program ?		Provide general description of program.
2.4	Do you have a Management of Change Program or procedure ?		
2.5	Does your organisation have a Quality		Provide general

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No.	Item	Status Yes/No/N.A.	Documentation / Information to be submitted
	Assurance Program for the procurement, test and certification of safety-critical equipment, materials, and services to be used on the project?		description of program.
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 that complies with Canadian legal requirements?		Provide copy of policy and procedure
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 general description of the system.
6. INCIDENT REPORTING & INVESTIGATION			
6.1	Is a formal Accident/Incident Reporting and Investigation Program in place?		Provide general description of program.
6.2	Has your organisation been subject to any		Specific details of

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No.	Item	Status Yes/No/N.A.	Documentation / Information to be submitted
	regulatory citations , investigations, fines or penalties by a government safety or environmental agency during the past 3 years?		incident(s) describing the infringement, date of occurrence, nature of penalty, and corrective measures taken.

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
3. Complete and submit Attachments A and B.

Attachment A
EnCana CONTRACTOR
Environment, Health & Safety (EHS) Program
Pre-Certification Evaluation Information

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:

Employee/person Hours

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

	<u>2005</u>	<u>2006</u>	<u>2007</u>
Number of Employees	_____	_____	_____
Person-Hours	_____	_____	_____

Occupational Injury/Illness Experience

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

	2005	2006	2007
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 Respondent on various Projects; not just Respondent direct employee information. If this data is kept in other formats, such formats will be reviewed for acceptability.

Attachment B

EnCana CONTRACTOR

Environment, Health & Safety (EHS) Program

Pre-Certification Evaluation Information

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>2005</u>	<u>2006</u>	<u>2007</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>2005</u>	<u>2006</u>	<u>2007</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 Respondent on various Projects; not just those directly attributed to Respondent. If this data is kept in other formats, such formats will be reviewed for acceptability.