



Deep Panuke

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Title						
<p>OP20 – Well Stimulation Services – Prequalification Questionnaire</p>						
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REVISION LIST	
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1 INTRODUCTION

1.1 Description

Encana Corporation is the owner and operator of the Deep Panuke natural gas field in Nova Scotia's offshore. Natural gas from Deep Panuke is processed offshore at the Production Field Centre (PFC) with sales gas transported to market via a subsea pipeline making landfall at Guysborough County, NS. The PFC is located approximately 250 km southeast of Halifax.

Encana is a leading North American energy producer that is focused on developing its strong portfolio of resource plays, held directly and indirectly through its subsidiaries, producing natural gas, oil and natural gas liquids (NGLs). By partnering with employees, community organizations and other businesses, Encana contributes to the strength and sustainability of the communities where it operates. Encana common shares trade on the Toronto and New York stock exchanges under the symbol ECA.

Further information on Encana Corporation is available on the company's website, www.encana.com. Further information on Deep Panuke is available at www.encana.com/deeppanuke.

1.2 Scope

Encana is seeking qualified companies for the provision of Well Stimulation Services as set out in the Expression of Interest (EOI) for its Deep Panuke Production wells. Any equipment/parts must be suitable for an offshore marine environment.

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.



3 CORPORATE & FINANCIAL CAPABILITY

3.1 Respondent 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 Respondent's Corporate Status

Autonomous Unit _____

Subsidiary _____

Partnership _____

Joint Venture _____

Business Registration Number: _____

List Partnership / Joint Venture members

Name: _____

Address: _____



Name: _____

Address: _____

Name: _____

Address: _____

3.3 Respondent's officers and directors

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

3.4 Respondent's ultimate parent company or controlling shareholder

Name: _____

Address: _____

3.5 Respondent'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 Key Requirements

Respondent shall provide confirmation of its interest in carrying out the Work identified in response to this EOI. Respondent shall identify the following in its response:

- Provide a description of its capability to perform the Work; and
- The names of Key Personnel c/w CVs nominated for the Work.

4.2 Method Statements

Respondent shall provide a method statement describing how it intends to execute the Work.

4.3 Previous Experience

Respondent shall provide a list of previous relevant harsh environment construction/installation projects/experience, similar to the Work required for Encana's Deep Panuke field, that have been completed in the last five years. For each project listed, describe the scope of work, details of equipment used, name of client, date of award and completion and approximate value.

4.4 Sub-suppliers / Subcontractors

Respondents shall identify any aspects of the Work that will be subcontracted.

4.5 Availability

Respondent shall confirm its availability to carry out the Work as specified commencing Q3/Q4 2015.

This questionnaire has been 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



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 		



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 		



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.



APPENDIX B - ENVIRONMENT, HEALTH AND SAFETY QUESTIONNAIRE



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

Respondent's Information

Company Name: _____

Division/District: _____

Address: _____

Telephone Number: _____

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"/> Pipeline Servicing | <input type="checkbox"/> Drilling | <input type="checkbox"/> Well Servicing |
| <input type="checkbox"/> PFC Operations | <input type="checkbox"/> Well Operations | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Pipeline Operations | <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>2012</u>	<u>2013</u>	<u>2014</u>
Number of Employees	_____	_____	_____
Person-Hours	_____	_____	_____

Occupational Injury/Illness Experience

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

	2012	2013	2014
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 their Person-Hours and Injury/ Illness statistics are based, please describe the difference.

WCB Registration Number: _____

	<u>2012</u>	<u>2013</u>	<u>2014</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>2012</u>	<u>2013</u>	<u>2014</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



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 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 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.
3. RULES & WORK PROCEDURES			
3.1	Do you have documented Standard Operating 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		

No.	Item	Status Yes/No/N.A.	Documentation/Information to be submitted
	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 details of competency assurance 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. ENVIRONMENTAL STEWARDSHIP			
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.