
PREQUALIFICATION QUESTIONNAIRE

Cenovus Ref. No.: 8.41.1.024 Goods/Services Title: Well Integrity Assurance Services

THIS QUESTIONNAIRE IS TO BE COMPLETED BY VENDORS WHO ARE INTERESTED IN SUPPLYING EQUIPMENT, MATERIALS AND/OR SERVICES TO CENOVUS ENERGY INC. (CENOVUS). THE INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND SOLELY FOR THE USE OF CENOVUS.

COMPLETED QUESTIONNAIRE MUST BE UPLOADED TO ARIBA

FOR ALL QUERIES RELATING TO THIS EOI/PREQUALIFICATION, PLEASE CONTACT:

Cenovus Energy Inc.
Suite 107, 351 Water Street
St. John's, NL A1C 1C2

Attention: Allison Scarth
Phone: 709-724-6592
Email: Allison.Scarth@cenovus.com

Company Name: _____

The signatory of this Questionnaire guarantees the trust and accuracy of all responses given herein, and is an authorized officer or agent of the company.

Information submitted and completed by:

Name (Please Print)

Title

Signature

Date

To be completed by Cenovus:

Date Received: _____ Procurement Signoff: _____

Table of Contents

1. Company Information	4
2. Subcontracting	6
3. Work History	6
4. Current Organizational Structure	7
5. Facilities & Infrastructure	7
6. Capabilities Statement.....	7
7. Contractor HSEQ Requirements.....	8
8. Technical Requirements	8
9. Canada-Newfoundland and Labrador Benefits Compliance.....	9
10. Attachments	11
11. Additional Comments	12

General Instructions

We recognize that we have many different types of suppliers / contractors with different core competencies and skill sets. In order to effectively assess your company, we require that this Questionnaire be filled out as it applies to your firm.

Cenovus is committed to ensuring fairness in our vendor selection process. Prequalification will be based on your company meeting our expectations for the goods and / or services to be supplied.

Submission Requirements

Submission Requirements

Vendors must submit all requested documentation via Ariba.

Vendors are required to submit their pre-qualification response in the following format and in the exact order as shown:

1. Company Information
2. Subcontracting
3. Work History
4. Current Organizational Structure
5. Facilities and Infrastructure
6. Capabilities Statement
7. Contractor HSEQ Requirements
8. Technical Information
9. Canada -Newfoundland and Labrador Benefits Compliance
10. Attachments
11. Additional Comments

1. Company Information

1.1 Company Name: _____

Street/Mailing Address of Office completing this Questionnaire

City: _____ Province: _____

Postal Code: _____

Telephone: _____ Fax: _____

Key Company Sales Contact

Canadian Head Office: _____

Street/Mailing Address: _____

Local Office: _____

Street/Mailing Address: _____

1.2 Type of Company

Sole Proprietor _____ Partnership _____

Corporation – Private _____ Corporation – Public _____

Other (please identify): _____

Please supply Certificate of Incorporation and identify and attach as an Appendix. If private ownership, please also identify the Principal Shareholders below.

Name _____

City _____ Province/State _____

Name _____

City _____ Province/State _____

Name _____

City _____ Province/State _____

Name _____

City _____ Province/State _____

1.3 Subsidiaries, Affiliates, etc. (indicate whether wholly-owned or percent controlled)

1.4 Total Number of Employees by Geographical Location

Newfoundland and Labrador _____

Other Canadian Provinces _____

International _____

1.5 Declaration of Business Relationship (Company Owner/Management)

In accordance with the approval policy of Cenovus, **all Vendors shall, as a condition of supplying goods or services to Cenovus, make full disclosure of any existing business relationships with any Cenovus employee and/or contractor or immediate relatives.** If the Vendor fails to disclose an interest and/or the interest is falsely or insufficiently reported, Cenovus reserved the right to terminate or cancel any agreement of any kind which may have been entered into with the Vendor.

Are you a relative or do you have a relationship with any Cenovus employee that would cause any real or perceived conflicts of interest?

No

Yes (please specify): _____

1.6 Annual Revenue & Operating Income (CDN\$ in each of the last five years):

	Revenue		Operating Income	
Year		\$		\$
Year		\$		\$
Year		\$		\$
Year		\$		\$
Year		\$		\$

Do you have 3rd party certified financial statements available for the most recently completed fiscal year? Yes _____ No _____

(If yes, please attach latest copy)

1.7 Joint Ventures

The following questions apply to Joint Ventures only;

1. Please provide a copy of your organizational structure showing all members of the Joint Venture.
2. Provide the following Joint Venture Details:
 - i. A copy of the Joint Venture Agreement
 - ii. A statement of the share equity of each of the participants
 - iii. The lead participant within the Joint Venture
 - iv. Outline how the Joint Venture will be managed with regards to objectives
 - v. How are the Key Business Objectives of each Participant reflected in the Joint Venture
 - vi. The share and nature of the work provided by each participant
 - vii. Arrangements for the transfer of systems/information technology
 - viii. How do the Participants envisage the Joint Venture developing in the future
3. In the case of a Joint Venture, detail how Bidder will optimize/merge the different participants, organization, cultures to ensure the greatest benefits are realized for Company.

2. Subcontracting

.1 Please list any associated work that you would typically subcontract to other vendor(s) providing the following information for each:

- Specific type of work being subcontracted: _____
- Company Name: _____
- City: _____ Province/State: _____
- Contact Name at above noted Company: _____
- Contact Phone Number for above: _____

.2 Describe the process you have for selecting subcontractors: (Also see Cenovus’s expectations in this area for item 13 - Contracted Services and Materials – under Section 7, Contractor HSEQ Requirements)

3. Work History

Please provide a list of at least the top three (3) recent clients of your firm, with whom you have contracts for scopes of work similar to that covered by this pre-qualification process. Provide the following information for each:

1. Contract Name/Owner: _____

CDN \$ Value: _____ Date(s) of Contract Term: _____

Description (Contract Scope of Work. Please be specific): _____

Location: _____

Reference (Contact Name): _____ Telephone: _____

2. Contract Name/Owner: _____

CDN \$ Value: _____ Date(s) of Contract Term: _____

Description (Contract Scope of Work. Please be specific):

Location: _____

Reference (Contact Name): _____ Telephone: _____

3. Contract Name/Owner: _____

CDN \$ Value: _____ Date(s) of Contract Term: _____

Description (Contract Scope of Work. Please be specific):

Location: _____

Reference (Contact Name): _____ Telephone: _____

4. Current Organizational Structure

Please provide a current Organization Chart for your company, indicating, but not limited to, management personnel and reporting relationships. Please also identify where this organization's management personnel are located. Please ensure the organization chart indicates personnel (including names) which would be supporting the scope of work. Please also identify where these individuals are located geographically.

5. Facilities & Infrastructure

Please provide a description of the facilities & infrastructure which your company would utilize in provision of the subject services, if applicable. Please clarify whether the facilities & infrastructure which you are describing are currently occupied and utilized by your company. Please provide photographs / drawings as appropriate.

6. Capabilities Statement

Please provide an overview of your company's capabilities. In addition, please ensure that you provide a description of your company's specific capabilities as they related to the subject services being requested.

7. Contractor HSEQ Requirements

SECTION NOT REQUIRED.

8. Technical Requirements

All respondents are asked to complete the questions below as part of your technical submission. Answers to these questions can be submitted as an attachment to the questionnaire. Respondents should note that **all questions** must be answered and appropriate documentation supplied.

No.	Technical Requirements
Operational Support	
1	Please describe prior experience with review, development and/or implementation of Well Integrity Management Systems
2	Please describe prior experience with technical assessments and/or the provision of formal integrity assurance of well designs for both offshore subsea and wellhead platform wells. Where possible, provide reference to the well design assurance items listed in the Scope of Work.
3	Please describe prior experience with technical assessments and/or the provision of formal integrity assurance of well construction (drilling and completion) planning and execution for both offshore subsea and wellhead platform wells. Where possible, provide reference to the well construction assurance items listed in the Scope of Work.
4	Please describe prior experience with technical assessments and/or the provision of formal integrity assurance of well operations (production/injection) for both offshore subsea and wellhead platform wells. Where possible, provide reference to the well operations assurance items listed in the Scope of Work.
5	Please describe prior experience with technical assessments and/or the provision of formal integrity assurance of well intervention planning and operations for both offshore subsea and wellhead platform wells. Where possible, provide reference to the well intervention assurance items listed in the Scope of Work.
6	Please describe prior experience with technical assessments and/or the provision of formal integrity assurance of well abandonment design, planning and operations for both offshore subsea and wellhead platform wells. Where possible, provide reference to the well abandonment assurance items listed in the Scope of Work.
7	Please describe prior experience or familiarity with life cycle well integrity reviews against the Newfoundland Offshore Petroleum Drilling and Production Regulations in association with the CNLOPB.
8	Please describe prior experience with life cycle well integrity gap assessments against industry standards (i.e., NORSOK, OGUK, IOGP) and/or industry specifications (i.e., API, ISO).
9	Please provide details of your company risk assessment process.
10	Please provide details of your common company management systems and practices to allow for interchangeability of staff while maintaining continuity of assurance services.
11	Please provide details of your company processes to demonstrate and maintain competency of staff with well integrity assurance services
12	Please provide CVs of the staff intended to support Cenovus AR with well integrity assurance.

9. Canada-Newfoundland and Labrador Benefits Compliance

Cenovus strongly supports providing opportunities to Canadian and in particular Newfoundland and Labrador companies and individuals, on a commercially competitive basis.

Yes No

Does your company have an office in Newfoundland and Labrador?

Yes No

Will this contract be managed in Newfoundland and Labrador?

Yes No

Does your company agree to comply with requirements of Cenovus or any governmental authority with respect to benefits, to comply with all applicable guidelines of the Cenovus and to comply with all benefits commitments made in the contract?

Yes No

Identify ownership of the company.

% NL %CAN % INTL

Does your company have policies and initiatives to promote technology transfer to local and Canadian companies? If yes, briefly describe.

Yes No

Does your company have an R&D program? If yes, briefly describe recent R&D initiatives.

Yes No

Describe your company's philosophy regarding human resources planning and employment with respect to Canada-NL benefits.

Does your company have a training program? If yes, briefly describe policies and initiatives for development and training of NL and Canadian employees.

Yes No

Does your company have a procedure for identifying and informing NL and Canadian suppliers of goods and services of opportunities related to the Contractor's contracts? If yes, briefly describe.

Yes No

Does your company have a Diversity Plan or Diversity Policy in place? If yes, briefly describe.

Yes No

Please describe any plants, facilities or manufacturing capabilities that you have in Newfoundland and Labrador.

Please indicate the number of personnel located in NL, other places in Canada and in a foreign location that would be available to work on the potential scope (i.e. how many people in each location would have the potential to be involved in execution of the work scope). Only an estimate is required for this stage of evaluation.

<i># of personnel in NL</i>	<i># of personnel in the rest of Canada</i>	<i># of personnel in a foreign location</i>

Supplier Diversity

As part of our White Rose Diversity Plan, Cenovus is collecting data on businesses owned and operated by members of designated groups (women, Aboriginal peoples, persons with disabilities, and members of visible minorities). Responding to the following questions is voluntary and will help us to better understand the diverse makeup of our supply chain. All information provided will be kept confidential by Cenovus and will be used only to assist us in ensuring that information related to procurement opportunities is appropriately targeted to diverse business owners.

1) Is your business 51% or more owned, managed and controlled by one of the following groups?
Please check all that apply.

- Women
- Aboriginal peoples
- Persons with disabilities
- Visible minorities
- None

2) Is your business currently certified with a national certifying organization(s)? Please check all that apply and provide applicable certification number.

- CAMSC Certification #: _____
- WEConnect International Certification #: _____
- WBE Canada Certification #: _____
- Other, please specify: _____
Certification #: _____
- None

3) Is your business currently a member of a supplier organization/association? Please check all that apply.

- NLOWE
- Noia
- St. John's Board of Trade
- Other, please specify: _____
- None

10. Attachments

Please indicate all attachments:

No.	Attachment	Yes/No
1.	Certificate of Incorporation.	
2.	Declaration of Residency.	
3.	Certified 3 rd Party Financial Statements.	
4.	Facilities & Infrastructure photographs/drawings.	
5.	Copy of Organization Chart (with names) for personnel supporting the contract scope of work.	
6.	A written statement indicating that there are no outstanding HSE charges, stop work orders or regulatory violations against your company.	
7.	A written statement indicating there are no outstanding non-conformances or audit action plans stemming from a Cenovus conducted Health, Safety, Environment and Quality supplier audit.	
8.	Copy of the most recent customer satisfaction survey relating to customer perceptions and customer satisfaction.	
9.	Is a Certificate of Clearance from the provincial Workplace Health, Safety and Compensation Commission (WHSCC) available upon request by Cenovus? (Note: The Workplace Health, Safety and Compensation Act requires all employers performing work in Newfoundland and Labrador to register with the Commission. Source: http://www.whsc.nf.ca/employers/Emp_RegisteringYourBusiness.whsc .	

11. Additional Comments

Sample Declaration of Residency

Vendor represents that * _____ for Canadian Income tax purposes

** is a resident of Canada

is not a resident of Canada

Furthermore, we attach a **Certificate of Incorporation** and undertake to immediately inform Cenovus Energy Inc. of any future change in our company's tax status.

Name: _____

Title: _____

Signature: _____

Date: _____

* (please include complete entity name)

** (please check as appropriate)