

EXPRESSION OF INTEREST

Supply of Wellheads, Xmas Trees and Supporting Services- Hebron

Reference: WS2426407

BIDS Categories: 0227

Issue Date: May 9, 2013

Closing Date: May 23, 2013

Overview:

- ExxonMobil Canada Properties, a partnership (ExxonMobil) is in the process of pre-qualifying companies who can supply Wellheads, Xmas Trees and supporting services for the Hebron Drilling and Production Facility offshore Newfoundland and Labrador.
- Contractor shall provide all management, personnel, processes, materials, tools, equipment, applicable certifications and facilities as may be required to ensure all equipment covered by this pending Contract shall be fabricated and supplied to meet all statutory requirements, codes of practice and applicable specifications.
- The intention is to have this scope of work cover the requirements of the Hebron Project.
- While not planned, it should be noted that the resulting contract may require inclusion of and/or extension to other operators in the area, project co-venturers, contractors and/or affiliated companies.
- ExxonMobil supports providing opportunities to Canadian, and, in particular, Newfoundland and Labrador companies and individuals, on a commercially competitive basis. Contractors expressing interest in providing services or materials, if they are selected to bid, will be required to complete a Canada-Newfoundland and Labrador Benefits Questionnaire at the bid stage.
- ExxonMobil encourages the participation of members of designated groups (women; Aboriginal peoples; persons with disabilities; and members of visible minorities) and corporations or cooperatives owned by them, in the supply of goods and services.

Scope of Work Overview:

The scope of work/supply includes but is not limited to:

- Provision of all Wellheads, Xmas trees, and associated equipment and services.

Additionally, the selected contractor will be required to meet all technical and Safety, Health, Environmental, and Security (SHE&S) specifications and safe work practices of ExxonMobil and its affiliates as appropriate.

Preliminary Submission Requirements

Vendor submissions in response to this Expression of Interest **must** include the afore-mentioned reference number (WS2426407) as well as the following information:

1. Completed ExxonMobil Vendor SHE/ Quality pre-qualification questionnaire for this specific EOI. (Available through BIDS – see contact information below.)
2. Information providing and addressing the following:

- Past safety performance
- Applicable experiences
- Project execution skills
- Project management skills and integration skills
- Available technologies with proven performances
- Current production/manufacturing capabilities
- System lifecycle support capabilities and proven lifecycle programs

3. Description of your experience operating under and familiarity with, the benefits provisions of the Canada-Newfoundland and Labrador Atlantic Accord Implementation Acts, and your experience with any similar regimes in other parts of Canada or internationally. At the RFP/ITT stage, bidders will be required to indicate how they comply with the above.

4. Please acknowledge that responsible management personnel have read, understand and will support requirements to comply with the following

- i) Section 45 of the Canada-Newfoundland and Labrador Atlantic Accord Implementation Acts
- ii) The Hebron Benefits Agreement work requirements

The data submitted will be used to do a preliminary evaluation of your company's ability to perform the scope of work. Additional evaluation should be anticipated in advance of ExxonMobil finalizing a bidders list.

We will evaluate this data and develop a final group of vendors who will be asked to submit formal competitive bids. We reserve the right to make the final determination of which contractors will receive the Request for Proposals (RFP) or Invitation to Tender (ITT) and which contractor will be awarded the final contract.

This Expression of Interest is not a pre-qualification of contractors for other ExxonMobil work but is limited to the scope aforementioned. In addition, participation in this Expression of Interest, including any statements whether oral or written between ExxonMobil and your company shall not create or be deemed to create any binding legal relationship or contract, or be construed to do so between ExxonMobil and your company. All costs associated with the preparation of your response to this expression of interest shall be at your expense.

Finally, it should be clearly understood that this Expression of Interest may or may not result in the issuance of an RFP/ITT and may or may not result in the award of a contract. Further, it should be clearly understood that if you respond to this Expression of Interest that your company name and contact information may be posted on public websites. Similarly, if you are selected for a bidders list, the same information may also be posted on public websites. Finally, and if you are selected for award, the same information may also be posted indicating that the work has been awarded to your company.

Responses must be submitted electronically by the closing date, to the e-mail address noted below:

Hebron Project
ExxonMobil Canada Properties
Attention: Kim Brown,
kim.brown@exxonmobil.com
Phone: (709) 778-7515

Finally, potential vendors, if they have not already done so, should register with BIDS using following contact information:

Phone: 1-800-270-4611
E-mail: isabelle@bids.ca
www.bids.ca

**ExxonMobil Canada East
Safety, Health & Environment (SHE) and Quality
Pre-Qualification Questionnaire for EOI WS2426407**

Registered Company Name:

Address:

Completed by: (Name & Title)

Telephone #

Fax #

Email:

QUALITY ASSURANCE/QUALITY CONTROL

1.0 Does your company have a formal documented quality system related to the scope of work? YES NO

If yes, to what standard or code? _____ (e.g. ISO 9001 etc.)

2.0 Is your company's quality system registered by a recognized third party? YES NO

(NOTE: Quality System Registration is not a Mandatory Request of contractors for HMDC/ExxonMobil Canada)

If YES, please identify what standard and any other valid registrations or certifications.

If NO, please identify what model or framework was used to develop controls for quality within your company.

3.0 How long has your Company had a Quality Assurance Program in place? (Define in years or months)

4.0 What is the scope of registration? _____

5.0 Has your Company performed an internal quality audit in the past 12 months? YES NO

6.0 Has your Company been subject to an external audit in the past 12 months? YES NO

If so, by who? _____

7.0 Please list three major clients your company has provided goods or services to under your quality system. (Include scope of supply.)

SAFETY

8.0 Please provide the following safety statistics for the previous two years. To ensure that the incidents are appropriately classified, we have included Injury Classification Definitions that ExxonMobil uses to determine injury frequency for your reference.

8a) Lost-time Incident Rate a) _____
$$\frac{= (200,000 \text{ hrs} \times \text{Number of Lost-time incidents})}{\text{Total Exposure Person Hours}}$$

8b) Total Recordable Incident Rate b) _____
$$\frac{= (200,000 \text{ hrs} \times \text{Number of Recordable Incidents})}{\text{Total Exposure Person Hours}}$$

8c) Are you registered with Worker's Compensation Board of Nova Scotia or Newfoundland and Labrador? YES NO

8d) If yes, what is your current premium and experience rating for the past year for each?
(Provide a copy of your most recent rating document(s).

9.0 As per the Newfoundland and Labrador and Nova Scotia Occupational Health and Safety Act:

9a) Does your company have a Safety Policy in place? YES NO
Please provide a copy of your latest safety policy.

9b) Is your company required to have a Joint Occupational Health and Safety Committee? Please provide a copy of the minutes from your last meeting. YES NO

10.0 Does your company have a defined Safety Management System? YES NO
Please provide a copy of your table of contents.

11.0 Does your company have a training and competency assurance program to ensure personnel are qualified to perform this work? YES NO

12.0 Do you have a maintenance program that ensures your equipment is safe and fit for purpose? Please provide a recent inspection or maintenance report? YES NO

13.0 Does your company have an Alcohol and Drug Policy? YES NO

Please provide a copy of your latest Alcohol and Drug Policy (please note that your completed Alcohol & Drug Program is not requested at this time)

ENVIRONMENTAL

14.0 Do you have an Environmental/Waste Management Policy? YES NO
Please provide a copy of your latest policy.

TECHNICAL/ QUALITY

15.0.a Does your company have manufacturing facilities licensed by API to manufacture wellhead, xmas tree and supporting systems to PSL-3G quality requirements including in-house Immersion UT capability for large diameter full-cladded components (tree block and multi-bowl)?

YES NO

15. b ExxonMobil reserves the right to use whatever mechanism it deems appropriate to verify respondent's answer to question 15.0.a.

Injury Classification Definitions

<p>First Aid is defined as any of the following treatments: This is a complete list of all treatments considered First Aid:</p> <ul style="list-style-type: none"> • Using a nonprescription medication at nonprescription strength (for medications available in both prescription and non-prescription from, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment). • Administering tetanus immunizations. • Cleaning, flushing or soaking wounds on the surface of the skin. • Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, tapes/glues, etc. are considered medical treatment). • Using hot or cold therapy (e.g. compresses, soaking, whirlpools). • Using any non-rigid means of support such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment). • Using a temporary immobilization device while transporting an accident victim (e.g. splints, slings, neck collars, backboards, etc.). • Drilling a fingernail or toenail to relieve pressure or draining fluid from a blister. • Using eye patches. • Removing foreign bodies from the eye using only irrigation or a cotton swab. • Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means (procedures involving excision of the outer layer of skin are considered medical treatment). • Using finger guards. • Using massages (physical therapy or chiropractic treatment is considered medical treatment). • Drinking fluids for relief of heat stress. 	<p>Medical Treatment means the management and care of a patient to combat disease or disorder. Medical Treatment does not include the following:</p> <ul style="list-style-type: none"> • Visits to a physician or other licensed health care professional solely for observation or counseling. • The conduct of diagnostic procedures such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils). • First Aid as defined. Note that multiple applications of first aid do not constitute medical treatment; it is the nature of the treatment, not how many times it is applied, that determines it is first aid or medical treatment. <p>Medical Treatment does include the following:</p> <ul style="list-style-type: none"> • Significant diagnosed injuries and illnesses. That is, work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other health care professional. • All work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material. • Medical removal above first aid criteria. • Cases involving hearing loss. • Occupational exposure to anyone with a known case of active tuberculosis followed by a tuberculosis infection as evidenced by a positive skin test or diagnosed by a physician or other licensed health care professional. 	<p>Restricted Work is a work-related injury or illness, which results in an individual being unable to perform one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work on any calendar day after the day of the illness or injury. Restricted work occurs when as the result of a work-related injury or illness:</p> <ul style="list-style-type: none"> • The injury or illness keeps the worker from performing, (or a physician or other health care professional recommends that the worker not perform) one or more of the routine functions of their job, OR • The injury or illness keeps the worker from working (or the physician or other health care professional recommends the worker not work) the full workday that he or she would otherwise have been scheduled to work. <p>* "Routine Functions" are those work activities the worker regularly performs at least once per week. * Do not record cases where the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness but otherwise performs all of the routine functions of his or her work. * Cases involving vague restrictions from a non-Company physician or health care professional (e.g., "engage in light duty" or "take it easy for a week") should be investigated by a Company physician or health care professional.</p> <ul style="list-style-type: none"> • If the follow-up investigation indicates that the restriction does prevent the worker from either performing his or her routine job function or from working all of his or her normally assigned work shift, or if no follow-up investigation is made, then the case should be recorded. <p>* Work restrictions recommended by a physician or health care professional are recordable even if the worker does not follow the restrictions. * In cases where recommendations are received by two or more physicians or health care professionals, the Company may decide which recommendation is the most authoritative, and determine recordability based on that recommendation.</p>
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Lost Time Incident is any work-related injury or illness, which result in at least one lost workday after the day of the incident.

- If a worker's condition resulting from an injury or occupational illness causes him or her to be unable to return to work the calendar day following the day on which the incident occurred, the case should be recorded as a Lost Time Incident. (Note that it does not matter whether the next calendar day is a scheduled work day or not, only whether the person was able to work on that day.)
- Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the worker would not have been able to work on those days because of a work-related injury or illness.
- If the injury or illness occurs on the last day a worker is scheduled to work (e.g. last day of workweek, day before planned vacation, scheduled plant closing) and the worker reports to work on the next scheduled work day, record the case only if information is received from a physician or other health care professional indicating worker should not have worked, or should have performed only restricted work during the scheduled time off.
- An injury or illness in which the worker is unable to work is classified as Lost Time if the individual takes unscheduled vacation on the day following the day of the injury or illness.

Exclude situation where an individual is capable of working, but unable to return to work solely due to circumstances such as:

- A seaman missing a ship sailing.
- A worker unable to return to an offshore platform due to bad weather or lack of reasonably available transportation.
- Lack of local medical facilities needed for observation or treatment provided there with no unnecessary delay in traveling to seek such medical treatment.
- The worker refused to work.
- A worker, who is injured, pronounced fit for duty by a physician or health care provider but who is held out of work until the results of a drug test are available.

For purposes of corporate reporting, prescription medication means:

- All antibiotics including those dispensed as prophylaxis where injury or illness has occurred to the subject individual. Exceptions: Dermal applications of Bacitracin, Neosporin, Polysporin, Polymyxin, Iodine or similar prescription.
- Diphenhydramine (Benadryl) greater than 50 milligrams (mg) in a single application.
- All analgesic and nonsteroidal anti-inflammatory medication (NSAID) including:
 - Ibuprofen (such as Advil™) - Greater than 467 mg in a single dose.
 - Naproxen Sodium (such as Aleve™) - Greater than 220 mg in a single dose.
 - Ketoprofen (such as Orudis KT™) - Greater than 25 mg in a single dose.
 - Codeine analgesics (Cocodamol, Panadeine, etc.) - Greater than 16 mg in a single dose.Exceptions: acetylsalicylic acid (Aspirin) and acetaminophen (paracetamol) are not considered medical treatment.
- All dermally applied steroid applications. Exceptions: hydrocortisone preparations in strengths of 1% or less.
- All vaccinations used for work-related exposure. Exceptions: Tetanus
- All narcotic analgesics (except codeine as listed above).
- All bronchodilators. Exceptions: Epinephrine aerosol 5.5 mg/ml or less.
- All muscle relaxants (e.g. benzodiazepines, methocarbamol and cyclobenzaprine).

<p>Lost Time Incident is any work-related injury or illness, which result in at least one lost workday after the day of the incident.</p> <ul style="list-style-type: none"> Working at home is not an acceptable alternative unless performing the work at home would be considered "normal and customary". To be "normal and customary", the worker must have a previous history of being paid to work at home. 	<p>Exclude situation where an individual is capable of working, but unable to return to work solely due to circumstances such as:</p>	<p>For purposes of corporate reporting, prescription medication means:</p> <ul style="list-style-type: none"> All other medications (not listed above) that legally require a prescription for purchase or use in the state or country where the injury or illness occurred. <p>Where there are apparent contradictions, advice should be sought from a Company physician and reasoning documented.</p>
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