PROOF OF CLAIM – POST-FILING D&O CLAIMS

(See attached for instructions)

IN THE MATTER OF THE CCAA PROCEEDING OF CONNACHER OIL AND GAS LIMITED (the "APPLICANT")

Regarding the Post-Filing D&O Claim of _____
(referred to in this form as "the Claimant"). *(name of Claimant)*

All notices or correspondence regarding this Post-Filing D&O Claim are to be forwarded to the Claimant at the following address:

_____
_____

Telephone Number: _____

Facsimile Number: _____

Attention (Contact Person): _____

Email Address: _____

(All future correspondence will be delivered to the designated email address unless the Claimant specifically requests that hard copies be provided)

¨ Please provide hard copies of materials to the address above.

I, _____(name of the Claimant or representative of the Claimant), of_____(City, Province or State) do hereby certify that:

1. I am the Claimant;

   OR

   I am _____ *(state position/title)* of the Claimant.

2. I have knowledge of all the circumstances connected with the Post-Filing D&O Claim referred to in this form.

The Claimant asserts that:

¨ all of the Directors or Officers; or

¨ the following Director(s) or Officers(s): _____
(*insert name of the applicable Director(s) and/or Officer(s)*)

is or are indebted to the Claimant in the sum of CDN$_____*(insert CDN $ value of claim)* as shown by the statement of account attached hereto and marked Schedule "A", which constitutes a Post-Filing D&O Claim (as defined in the Supplemental Claims Procedure Order).

The statement of account must specify the evidence in support of the Post-Filing D&O Claim including the basis for a Post-Filing D&O Claim against a Director or Officer.

3. Have you acquired this Post-Filing D&O Claim by assignment? Yes □ No □
(if yes, attach documents evidencing assignment)

(if yes) Full Legal Name of original creditor(s): _____

DATED this _____ day of _____, 2018

_____ Per: _____
Witness

Print name of Claimant:

_____
If Claimant is other than an individual, print name and title of authorized signatory

Name: _____

Title: _____