PROOF OF CLAIM – NON-CONTINUING EMPLOYEE CLAIM / POST-FILING CLAIM

(See attached for instructions)

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

Regarding the Claim of _____ (referred to in this form as "the Claimant"). *(name of Claimant)*

All notices or correspondence regarding this 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 Claim referred to in this form.

The Applicant is 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: *(select one of the following two options)*:

¨ Non-Continuing Employee Claim

¨ Post-Filing Claim

The factual basis for my Claim is as follows:

_____

_____

_____
_____
_____
_____
_____
_____
_____

The statement of account must include evidence in support of the Claim.

3. Have you acquired this 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: _____