APPENDIX IV - LEASE CONTINUATION APPLICATION PRODUCTION OPERATIONS

Use this form for leases requiring production operations or drilling operations beyond primary term (Note: Canpar's receipt and your submission of this Lease Continuation Application shall be without prejudice to any of the parties' rights and obligations under the lease described herein and Lease Terms will prevail.)

Part 1 Applicant Information									
Applicant:								Internal Use Only	
Address:							Date F	Received: (YYYY-MM-DD)	
Application:	Data su	nitial Amendment/Supplemental to Previous Application Dated (YYYY-MM-DD) a submitted by a company other than a recognized lessee must be accompanied by an norization Form to support this Application. Authorization(s) Attached							
Part 2				Lease Info	rmation				
Lease Date: (YYY	Y-MM-DD)		Canpar File Nur		mber: Lessee F		e Number:	
Leased Substand	e(s):								
Leased Lands / S	Said Land	s T	R	W	: Sec	Lsd/Ptn			
Leased Formations / Demised Estate:									
Expiry Date: (YY)	Y-MM-DD)	Extension Date: (YYYY-MM-DD)						
Rental Cheque A	ttached:	🗌 Yes 🛛	Yes No If No, please provide explanation:						
Part 3				Continuation	Request	ed			
Use separate co	lumns fo	r EACH well/f	ormation rela	ited to this lease. L	lse additio	nal pages if more thar	n four (4)	wells/formations.	
UWI		/ '		/ W		/ W /	. ,	/ W /	
		Vert. 🗌 Devia		Vert. 🗌 Deviat		Vert. Deviated		Vert. Deviated	
Well Type		Hz 🗍 PAU	A (attached)	Hz PAUA	(attached)	Hz PAUA (att	tached)	Hz PAUA (attached)	
Open Perforation metres (TVD for vertical or MD for horizontal) TVD		TVD to	TVD	TVD to	TVD	TVD to T	VD	TVD to TVD	
Formation(s) & Lands Requested	4								
Formation Tops in metres (TVD for vertical or MD for horizontal) TVD	n	TVD to	TVD	TVD to	TVD	TVD to T	VD	TVD to TVD	
All well Data Sen Canpar	t to	Yes		☐ Yes		☐ Yes		☐ Yes	
Commencement production (YYYY-MM-DD) - OR - Production Operations / Drilli Operations	Det	ails		Details		Details		Details	
Estimated on Production Date (YYYY-MM-DD)									
Pooled		Yes 🗌 No)	🗌 Yes 🗌 No		🗌 Yes 🗌 No		🗌 Yes 🔲 No	
If Yes, Det	ails:								
Downspacing		Yes 🗌 No)	🗌 Yes 🗌 No		🗌 Yes 🔲 No		🗌 Yes 🔲 No	
	su	J Order No:		SU Order No:		SU Order No:		SU Order No:	
Unitized If Yes, Det		Yes 🗌 No)	🗌 Yes 🗌 No		🗌 Yes 🗌 No		Yes No	
· · ·	ans.		0:						
Part 4			Sigr	nature and Con	tact into	rmation			
Applicant Name (Printed) Title			Phone		e [Date (YYYY-MM-DD)		
Applicant Signature									
Technical	Contact (Printed)	Title		Phon	e	F	Fax	
Forward Completed Application To:				For Internal Use O		nly			
Canpar Holdings Ltd. Attention: Mineral Land Department 1000, 517 – 10 th Avenue SW Calgary, AB T2P 0A8			Continu Meters: UWI:	Meters:		mation(s)		log of the well below	
			Geology	Geology Sign Off:					
			Landma	Landman Sign Off:					

APPENDIX IV - AUTHORIZATION FORM

To: Canpar Holdings Ltd.

of

Subject:	Lease Continuation Application	Dated	, 20
Canpar Fil	e No(s):		
I/We		as duly authorized re	presentative(s)

_____ (the "Lessee") hereby appoint

_____ (the "Appointee") to deal with

Canpar Holdings Ltd. on behalf of and as agent for the Lessee for all matters relating solely to the Subject matter.

I/We further represent and warrant that I am/we are duly authorized to sign this Authorization Form and that by signing this Authorization Form, the Authorization Form is binding on the Lessee.

By signing this Authorization Form, I/we acknowledge and agree that the Lessee will be bound by all decisions, settlements, elections, conversations, and agreements that the Appointee has with Canpar Holdings Ltd.

I/We further acknowledge and agree that for the purposes of the matter outlined above, Canpar is authorized to disclose any information necessary to the Appointee and such disclosure shall have the same effect as if it had been made directly to the Lessee.

I/We further acknowledge and agree that for the purposes of the matter outlined above, Canpar is authorized to give all notices to the Appointee and such notice will have the same force and effect as if it had been made directly to the Lessee.

I/We further understand that I/we may, at any time and on written notice to Canpar, terminate this Authorization Form and the Appointee's ability to deal on the Lessee's behalf. In the event that such termination occurs, Choose an item. will continue to deal directly with the Lessee, provided always that any prior agreements or settlements reached between Canpar and the Appointee shall continue to bind the Lessee notwithstanding that this Authorization Form is terminated.

IN WITNESS WHEREOF , I/we executed this Authorization Form		have	
at		Alberta this	day of
	, 20		
		Witness	
		Witness	

INSTRUCTIONS FOR COMPLETING LEASE CONTINUATION APPLICATION PRODUCTION OPERATIONS

GENERAL: Use this form if the term clause in your lease requires production operations or drilling operations for continuation beyond primary term.

PART 1 APPLICANT INFORMATION

Provide the requested company information

PART 2 LEASE INFORMATION

- Lease Date: Indicate effective date of the lease
- Leased Substance(s): Indicate any and all substances included under the applicable lease.
- Canpar File Number: this is the Canpar assigned lease number as noted on the bottom left corner of the lease. Please use a separate form for each lease.
- Leased Lands: Indicate the Township, Range, Meridian and portion of the section covered by the leases.
- Leased Formations: Indicate the formations that were granted under the leases.
- **Expiry Date**: Indicate the expiry date of the primary term as specified in the lease.
- Extension Date: Indicate the expiry date of any primary term extensions granted by Lessor.
- Rental Cheque Attached: Continuation applications will not be processed without rental payment.

PART 3 CONTINUATION REQUESTED

- UWI: Identify the unique well identifier for each well related to the lease.
- Well Type: Specify if well is vertical, deviated or horizontal. If well is horizontal, please attach a production allocation unit agreement (PAUA) if applicable.
- **Open Perforations:** List all open perforated intervals for each well (i.e. 1500 to 1525 metres, 1575 to 1622 metres True Vertical Depth (TVD) for vertical wells or Measured Depth (MD) for horizontal wells).
- Formation(s) Requested: Indicate the name of each formation for which you are requesting continuation.
 - **Formations**: This type of Canpar lease is continued for each formation in which production operations are being diligently and continuously conducted or drilling operations are being conducted at the end of the primary term. Please note the examples of "formations" recognized within groups:
 - Edmonton Group Scollard, Horseshoe Canyon, Bearpaw
 - Belly River Group Oldman, Foremost, Basal Belly River
 - Mannville Group Glauconite, Ostracod, etc.

Formations vary by region and the above examples are provided for illustrative purposes only.

- Formation Tops in metres TVD or MD: Include the top and bottom depths of the requested formation(s) in metres TVD for vertical wells and MD for horizontal wells. Identify the formation depths on the logs submitted to support this application.
- All Well Data Sent to Canpar: Please ensure that ALL well data has been provided as required under the lease. (Preferably sent electronically to rifenonop@rife.com).
- Commencement of Production: Indicate the initial date of production for the well.
- Production Operations / Drilling Operations: Fill in this area if you are requesting continuation based on a well that
 is not producing at the time of application. Canpar will require an explanation of why the well is not producing as well
 as the diligent and continuous production operations or drilling operations being conducted in order to produce the well.
- Estimated on Production Date: Provide an estimate of when the well will commence production.

- **Pooled:** If yes, provide details of lands, formations and substances that have been pooled.
- **Downspacing SU Order**: If the lands have been downspaced, provide the SU order number and details of the new spacing unit. Please note that your lease will only be continued for rights within the spacing unit related to the well.
- Unitized: If unitized, provide the unit name and details of unitized lands, formations and substances.

PART 4 SIGNATURE AND CONTACT INFORMATION

- Applicant Name: Indicate the name, title and contact information of the individual submitting the application. This person may be contacted for any non-technical information.
- **Technical Contact**: Indicate the name, title and contact information of the individual to be contacted for technical information.