APPENDIX II

CALL FOR BIDS NO. NS15-1

Part A: BID RESPONSE FORM

Part B: CONFIRMATION OF OPERATING EXPERIENCE

PLEASE NOTE: Confirmation of Operating Experience is required for Parcels 1, 2, 3, 4, 5, 6, and 7.

CALL FOR BIDS NO. NS15-1 - APPENDIX II, PART A: BID RESPONSE FORM

LAND	PARCEL	#
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LAND PARCEL #							
To: The Canada-Nova Sc	o: The Canada-Nova Scotia Offshore Petroleum Board						
The undersigned, on behalf of Work Expenditure Bid for land amount of:		•					
\$	(\$CAD).						
This Bid is made on behalf of the bidder(s) noted below:							
Full legal name of bidder(s)	Mailing address and street address (if different)	Share (%)					
The undersigned represents the as their agent in making this Bibidders that the terms and consignificant Discovery Licence as successful. The bidders appoir	d, and as such agrees on beh ditions contained in the form o attached to the Call for Bids wi	alf of itself and the other f Exploration Licence and					
(ins	ert company name of repres	sentative)					
as their representative for all p	urposes of Part II of the Legisla	ation and acknowledge that					

as their representative for all purposes of Part II of the Legislation and acknowledge that all further communications related to this Bid or any resulting licence will be exclusively with such representative. A Bid Deposit in the amount of \$10,000.00 (CAD) is submitted with this Bid.

<u>Representative into</u>	ormation:			
Contact Name:				
Contact Title:				
Phone Number:				
Fax Number:				
Email:				
DATED this	_ day of		, 2015	
		Bv:		
		, <u></u>		(Name)
				(Signature)
				(Title)

Canada - Nova Scotia Offshore Petroleum Board

Appendix II. Part B: Call For Bids NS15-1: Confirmation of Operating Experience Form

representative of the Bidder hereby	itions of the Canada Nova Scotia Offs confirms that (th water exploration wells in water depths gr	e Bidder, its parent company or	an affiliated company) ha	as operated or has been a
Well Name	Location	Year Drilled	Water Depth (m)	Total Depth (m MD)
Any Additional Comments: Declaration				
and hereby declares he or she has best of his or her knowledge, true, a	an officer, director or other Person en examined the above noted confirmation of accurate and complete; and acknowledges presentative of the Canada-Nova Scotia (operating experience and list of that information submitted may be	wells, and that the inform	nation given here is, to the
SignedRepresentative	Date:			
Print Name:	Title:			
Address:	Phone:			
	Email:			