

Notice of Dispute

To: FTI Consulting Canada Inc., in its capacity as Court-Appointed Receiver of Twin Butte Energy Ltd. (the “**Receiver**”)

Date:

Proof of Claim No.:

Claimant: [NAME AND ADDRESS OF CLAIMANT] (the “**Claimant**”)

IN THE MATTER OF THE RECEIVERSHIP OF TWIN BUTTE ENERGY LTD. (“TWIN BUTTE”)

Pursuant to the Claims Procedure Order dated April 27, 2017 (the “**Claims Procedure Order**”), the Claimant hereby gives notice that it disputes the Notice of Revision or Disallowance dated _____, 2017, issued by the Receiver.

The Claimant disputes the Claim as revised or disallowed in the said Notice of Revision or Disallowance as follows:

| Amount of Revised Claim accepted by Receiver | Amount of Revised Claim as disputed | Classification of Revised Claim by Receiver | Classification of Revised Claim as disputed |
|----------------------------------------------|-------------------------------------|---------------------------------------------|---------------------------------------------|
| \$ | \$ | | |

Reason for the dispute (*attach copies of any supporting documentation*)

Address for service of Notice of Dispute of Revision or Disallowance:

FTI Consulting Canada Inc., Court-appointed receiver of Twin Butte Energy Ltd.
Attn: Lindsay Shierman
720, 440 2nd Avenue SW
Calgary, AB T2P 5E9
Email: lindsay.shierman@fticonsulting.com
Telephone: (403) 454-6036
Fax: (403) 232-6116

Pursuant to the Claims Procedure,

1. the Claimant has commenced an application with the Court to resolve the dispute over its Claim as set forth herein, and will serve the Receiver with application materials under separate cover; and
2. The return date for the Claimant's application is _____, 2017.

THIS FORM AND ANY REQUIRED SUPPORTING DOCUMENTATION MUST BE RETURNED TO THE RECEIVER BY REGISTERED MAIL, PERSONAL SERVICE, EMAIL (IN PDF FORMAT), FACSIMILE OR COURIER TO THE ABOVE-NOTED ADDRESS, AND MUST BE RECEIVED BY THE RECEIVER BEFORE 5:00 PM ON THE FIFTEENTH CALENDAR DAY AFTER THE DATE OF THE NOTICE OF REVISION OR DISALLOWANCE.

DATED this ____ day of _____, 2017

Witness

Per: _____

(Name of Claimant or Employee)

*(if Claimant is not an individual,
print name and title of authorized signatory)*

Name: _____