

BRUIN E&P PARTNERS, LLC
NOTEHOLDER DISTRIBUTION INFORMATION FORM

Pursuant to the Chapter 11 Plan of Reorganization of Bruin E&P Partners, LLC, a Delaware limited liability company (“**Bruin**”), claimholders (the “**Noteholders**” and such claims the “**Notes Claims**”) of Bruin’s 8.875% Senior Unsecured Notes due 2023 (the “**Notes**”) will ultimately receive, at their election (the “**Election Offer**”), either (1) new units of limited liability company interests in Bruin Blocker LLC, a Delaware limited liability company (“**Bruin Blocker**”), that will elect to be taxed as a corporation for U.S. federal income tax purposes (the “**Blocker Units**”) or (2) new units of limited liability company interests in Bruin Purchaser LLC, a Delaware limited liability company (“**Bruin Purchaser**”), that will be taxed as a partnership for U.S. federal income tax purposes (the “**Partnership Units**”). For additional information regarding the Blocker Units and the Partnership Units, please consult the Joint Prepackaged Chapter 11 Plan of Reorganization of Bruin E&P Partners, LLC and Its Debtor Subsidiaries [Docket No. 19], as debtors and debtors in possession, as filed in the United States Bankruptcy Court for the Southern District of Texas, Houston Division, on July 17, 2020, as the same may be amended, supplemented, restated, or modified from time to time, pursuant to section 1127 of title 11 of the United States Code (the “**Plan**”), as approved and confirmed by the United States Bankruptcy Court for the Southern District of Texas, Houston Division on August 26, 2020, in that certain Order Approving the Debtors’ Disclosure Statement and Confirming the Joint Prepackaged Chapter 11 Plan of Reorganization of Bruin E&P Partners, LLC and Its Debtor Subsidiaries (the “**Confirmation Order**”). Capitalized terms used but not defined herein shall have the meanings assigned to such terms in the Plan. The Plan and Confirmation Order is available at www.omniagentsolutions.com/bruin.

This Noteholder distribution information form (“Distribution Information Form”) must be completed in order for you to receive your distribution of Blocker Units or Partnership Units, as applicable.

Please follow the below instructions to receive your distribution of Blocker Units or Partnership Units, as applicable

Step 1: Complete the required “**Election Form**” requested in Item 1 and complete the other requirements and information as detailed in Item 1 below.

Step 2: Complete the required “**Distribution Information**” requested in Item 2 below.

Step 3: Complete the required DTC identifying information requested in Item 3 below.

Step 4: Review the certifications contained in Item 3 below and execute this Distribution Information Form.

Step 5: Return this Distribution Information Form (**including the applicable tax forms and executed signature pages, as provided in Annex A and Annex B**) as promptly as possible to receive your Blocker Units or Partnership Units.

IF YOU FAIL TO TIMELY RETURN A PROPERLY COMPLETED DISTRIBUTION INFORMATION FORM IN ACCORDANCE WITH THE UNCLAIMED PROPERTY DEADLINES SET BY ARTICLE IV.D OF THE PLAN, YOUR DISTRIBUTION IS SUBJECT TO FORFEITURE IN ACCORDANCE WITH THE TERMS THEREOF.

UPON THE OCCURRENCE OF THE EFFECTIVE DATE (AS DEFINED IN THE PLAN) AND PURSUANT TO ARTICLE XII.A OF THE PLAN, THE TERMS OF THE PLAN SHALL BE IMMEDIATELY EFFECTIVE AND ENFORCEABLE AND DEEMED BINDING UPON THE DEBTORS, THE REORGANIZED DEBTORS, ANY AND ALL HOLDERS OF CLAIMS OR INTERESTS (IRRESPECTIVE OF WHETHER SUCH HOLDERS OF CLAIMS OR INTERESTS HAVE, OR ARE DEEMED TO HAVE ACCEPTED THE PLAN), ALL ENTITIES THAT ARE PARTIES TO OR ARE SUBJECT TO THE SETTLEMENTS, COMPROMISES, RELEASES, DISCHARGES, AND INJUNCTIONS DESCRIBED IN THIS PLAN, EACH ENTITY ACQUIRING PROPERTY UNDER THIS PLAN, AND ANY AND ALL NON-DEBTOR PARTIES TO EXECUTORY CONTRACTS AND UNEXPIRED LEASES WITH THE DEBTORS.

Return completed documents either to:

<p>If by first class mail, courier or hand delivery:</p> <p>Bruin Election Processing c/o Omni Agent Solutions 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367</p>	<p>If by email:</p> <p>bruinelections@omniagnt.com</p>
<p>Telephone: (866) 680-8161 (toll free) +1 (818) 574-3196 (international) Email: bruinelections@omniagnt.com</p>	

Please only return **one** Distribution Information Form either by mail or by email.

If you have any questions regarding the distribution registration procedures or need additional copies of the Distribution Information Form or other related materials, please contact Omni Agent Solutions by (i) emailing BruinElections@omniagnt.com or (ii) calling (866) 680-8161 (Toll Free) and (818) 574-3196 (International).

Item 1. Election Form.

The undersigned Noteholder seeks to receive either (i) its *pro rata* distribution of Blocker Units; or (ii) its *pro rata* distribution of Partnership Units on account of its Notes Claims under the Plan. Please see pgs. 289-292 of the Plan Supplement for the Plan, filed in the United States Bankruptcy Court for the Southern District of Texas, Houston Division, on August 13, 2020 (the “*Plan Supplement*”) for additional information on the Blocker Units and the Partnership Units. The Plan Supplement is available at www.omniagentsolutions.com/bruin.

Please check the box below, as applicable, if you wish to receive Blocker Units or Partnership Units. If you do not check the box and timely complete the additional steps required by this Distribution Information Form, you will receive Partnership Units rather than Blocker Units.

ELECTS TO RECEIVE PARTNERSHIP UNITS WITH RESPECT TO THE NOTES CLAIMS <input type="checkbox"/>	ELECTS TO RECEIVE BLOCKER UNITS WITH RESPECT TO THE NOTES CLAIMS <input type="checkbox"/>
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Tax Form: Please also enclose an appropriate U.S. tax form (available at <http://www.irs.gov>) (a properly completed and duly executed Form W-9, for U.S. payees, or Form W-8 (Form W-8BEN, Form W-BEN-E, Form W-8ECI, Form W-8EXP, or Form W-8IMY, as applicable), for foreign payees).

Exchange Agreement: Please also enclose a signature page, as provided in Annex A, executed by a holder of Notes Claims (or authorized signatory for an entity that is a holder of Notes Claims), for the Exchange Agreement (the “*Exchange Agreement*”), by and among Bruin E&P Partners, LLC, the Unsecured Claimants (as defined therein), Bruin Blocker LLC and UMB Bank, N.A., in its capacity as trustee of the Notes Indenture. The Exchange Agreement is available at www.omniagentsolutions.com/bruin.

Limited Liability Company Agreements: Please also enclose a signature page, as provided in Annex B, executed by a holder of Notes Claims (or authorized signatory for an entity that is a holder of Notes Claims). If you elect to receive Blocker Units, executing and returning this signature page will enable you to become a member of Bruin Blocker under the terms of the Limited Liability Company Agreement of Bruin Blocker LLC (the “*Bruin Blocker LLC Agreement*”). If you elect to receive Partnership Units, executing and returning this signature page will enable you to become a member of Bruin Purchaser under the terms of the Limited Liability Company Agreement of Bruin Purchaser LLC (the “*Bruin Purchaser LLC Agreement*”). If you do not check the box or do not timely complete the additional steps required by this Distribution Information Form, you will receive Partnership Units and will be deemed a member of Bruin Purchaser. The Bruin Blocker LLC Agreement and Bruin Purchaser LLC Agreement are available at www.omniagentsolutions.com/bruin.

Item 2. Distribution Information. Please complete the following information, which will be used to directly register the Blocker Units or Partnership Units, as applicable, in the name of the below holder of Notes Claims on a register maintained by the transfer agent, Computershare. The undersigned hereby certifies that, as of the Confirmation Date (as defined in the Confirmation Order), the undersigned was a holder of Notes Claims (or authorized signatory for an entity that is a holder of Notes Claims) in the aggregate principal amount below, excluding, for the avoidance of doubt, accrued but unpaid interest and other amounts that may be owed to the undersigned (or the entity for whom the undersigned is signatory):

Aggregate Principal Amount of Notes Claims: _____

Name 1 (Maximum 35 Characters): _____

Name 2 (Maximum 35 Characters): _____

Address 1 (Maximum 35 Characters): _____

Address 2 (Maximum 35 Characters): _____

City (Maximum 35 Characters): _____

State/Province (Maximum 35 Characters): _____

FOREIGN Country Name (Maximum 35 Characters): _____

Zip/ Postal Code (Maximum 35 Characters): _____

U.S. Tax Identification Number (or Social Security Number): _____

Check here if non-US (no TIN)

Phone: _____

Fax: _____

Email: _____

Please indicate the "account type" that may be used in connection with registration of your Blocker Units or Partnership Units.

Please check only one box:

- INDIVIDUAL ACCOUNT;*
- IRA ACCOUNT;*
- CORPORATIONS (S-CORP): (ASSOCIATED, ASSOCIATES, ASSOCIATION, CO., COMPANY, CORP, CORPORATE/PARTNER, ENTERPRISE(S), FUND, GROUP, INCORPORATED, INC, INTERNATIONAL, INTL, LIMITED, LTD, LIFETIME LIMITED COMPANY, LLC, L.L.C., PARTNER, PARTNERS, PLC, PUBLIC LIMITED COMPANY);*
- PARTNERSHIP: (LP, L P, L.P., LLP, LIMITED PARTNERSHIP, LIFETIME LIMITED PARTNERSHIP);*
- BANK;*
- NOMINEE ACCOUNTS;*
- CORPORATIONS (C-CORP);*
- NON-PROFIT: (CEMETERY, CHURCH, COLLEGE, COMMISSION FOR CHILDREN WITH, COMMISSION FOR HANDICAPPED, COMMISSION MINISTRIES INC, COMMISSION OF PUBLIC WORKS, COMMISSION OF BANKING & FOUNDATIONS, HOSPITAL, SCHOOL, SYNAGOGUE, UNIVERSITY);*
- FIDUCIARY ACCOUNT: (CUSTODIAN, CO-TRUSTEE, ESTATE, EXECUTOR, EXECUTRIX FBO, F/B/O, FAO, FIDUCIARY TRUST, ITF, LIFE TEN, PENSION PLAN, INDIVIDUAL NAME PROFIT SHARING PLAN, RETIREMENT PLAN, 401K PLAN, SELL TRANSFER PLEDGE, STATE UNIFORM TRANSFER RO MINOR'S ACT, TTEE, TTEES, UW, UTMA, UGMA, USUFRUCT, UNIFIED, UNIF GIFT MIN ACT, UNIF TRUST MIN ACT, UNIFIED GIFT TO MINORS ACT, UNIFORM GIFT TO MINORS, UNIFORM TRANSFER TO MINORS, GRANT (GRANTOR ANNUITY TRUST));*
- TENANTS IN COMMON;*
- TENANTS BY ENTIRETY: (TEN ENT, TENANTS ENT, TENANTS ENTIRETY, TENANTS BY ENTIRETY, TENANTS BY ENTIRETIES);*
- JOINT TENANTS: (JT TEN, JT TEN WROS, JT WROS, J/T/W/R/S, JOINT TENANCY, JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, JT OWNERSHIP, IF JT ACCOUNT WITH TOD); or*
- COMMUNITY PROPERTY: (COM PROP, COMM PROP, COM PROPERTY, COMM PROPERTY, MARITAL PROPERTY, HWACP, HUSBAND & WIFE AS COMMUNITY PROPERTY).*

Item 3. Existing Nominee Information.

Each Noteholder must provide the below information regarding their Nominee for purposes of verifying such Noteholder's Notes Claims.

Complete a separate Distribution Information Form for each separate Noteholder that is making an election in Item 1 unless the Nominee information is the same for each Noteholder. For example, an investment manager with three funds each holding Notes Claims would submit three separate Distribution Information Forms.

Nominee Name:

Participant Number:

Name of Agent for
Nominee:

Email Address for
Nominee:

Telephone for Nominee:

Notes Held:

Cusip Number:

Item 4. Notes held in Additional Accounts

By completing and returning this Election Form, the Beneficial Owner of the Notes identified in Item 2 certifies that (a) this Election Form, to include the election indicated in Item 1, is the only Election Form submitted for the Notes owned by such Beneficial Owner, except for the Notes identified in the following table (please use additional sheets of paper if necessary); and (b) all Election Forms for Notes submitted by the Beneficial Owner indicate the same election to either participate in or not participate in the Election Offer that the Beneficial Owner has indicated in Item 2 of this Election Form. **To be clear, if any Beneficial Owner holds Notes through one or more Nominees, such Beneficial Owner must identify all Notes held through each Nominee in the following table, and must confirm the same election to either participate in or not participate in the Election Offer on all Election Forms submitted.**

ONLY COMPLETE THIS ITEM 4 IF YOU HAVE SUBMITTED OTHER EXCHANGE FORMS

CUSIP	Account Number	Name of Beneficial Owner	Address of Beneficial Owner	Principal Amount of Other Notes

Item 5. Certifications. By signing the Distribution Information Form, the undersigned certifies that:

(a) it is the holder of claims against Bruin's Notes to which this Distribution Information Form pertains (or the authorized signatory for such holder);

(b) it is the holder of the principal amount of Bruin Notes indicated in this Distribution Information Form and is hereby authorizing its Nominee to confirm its holdings to Omni Agent Solutions;

(c) it has received a copy of the Distribution Information Form and understands that failure to properly complete and promptly return this Distribution Information Form on or before the date set forth in the Plan may result in your new Blocker Units or Partnership Units, as applicable, being forfeited in accordance with the Plan;

(d) the undersigned has the full power and authority to complete and execute this Distribution Information Form; and

(e) the information contained in this Distribution Information Form is accurate with respect to all items.

Name of Holder: _____

Signature: _____

Name (if different from Claimant): _____

Title (if corporation or partnership): _____

Address: _____

Telephone Number: _____

Email Address: _____

Dated: _____

Annex A

Unsecured Claimant Signature Page to Exchange Agreement

[See attached]

UNSECURED CLAIMANT

If an Entity:

Name of Entity: _____

Signature: _____

By: _____

Its: _____

State or Country of Principal Place of Business: _____

Address: _____

Fax: _____

E-mail _____

If an Individual Investor:

Name of Individual: _____

Signature: _____

State or Country of Primary Residence: _____

Address: _____

Fax: _____

E-mail _____

Annex B

Member Signature Page to Limited Liability Company Agreement

[See attached]

MEMBER

If an Entity:

Name of Entity: _____

Signature: _____

By: _____

Its: _____

State or Country of Principal Place of Business:

Address: _____

Fax: _____

E-mail _____

If an Individual Investor:

Name of Individual: _____

Signature: _____

State or Country of Primary Residence: _____

Address: _____

Fax: _____

E-mail _____