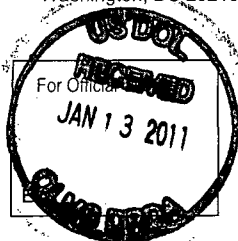


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

441525

1. File Number: c- 698

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Jim Teague  Title  Organization  P.O. Box, Bldg., Room No., if any PO Box 1529  Street  City Broken Arrow  State Oklahoma ZIP Code +4 74013	3. Any other address where records necessary to verify this report are kept:  Name  Title  Organization  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code +4
4. Date fiscal year ends:  Dec / 31	5. Type of person:  a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Explorer Pipeline  Trade Name, if any  P.O. Box, Bldg., Room No., if any PO Box 2650  Street  City Tulsa  State Oklahoma ZIP Code +4 74101	7. Date entered into:  11 / 30 / 2010  8. Name of person(s) through whom made:  Name Rod Sands  Name  Name  Name

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed <u>[Signature]</u> Title Sole Proprietor	President (If other title, see instructions)	14. Signed _____ Title _____	Treasurer (If other title, see instructions)
On 1-5-11 Date	Telephone Number	On _____ Date	Telephone Number

Filer: Jim Teague	File Number C-
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Oral Agreement to provide consultation and to give information to employees regarding their rights to organize and bargain collectively.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Engaged to provide consultation and to give information to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed: various days beginning 11/30/10	11.c. Extent performed:
11.d. Name and address through whom performed: Name Phillip Wilson Organization LRI Consulting Services Inc P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

12.a. Identify subject groups of employees: Coordinators and Field Techs	12.b. Identify subject labor organizations: Pre-petition
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