



EXPLORER PIPELINE COMPANY

Curtis L. Craig

2520032032307

December 27, 1996

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5638  
U. S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Dear Sir or Madam:

In accordance with 26 C.F.R. §2520.104-23, Explorer Pipeline Company hereby declares that it maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The following information is provided with respect to that plan.

Name of Plan:	Explorer Pipeline Company Excess Benefits and Contributions Plan
EIN:	73-0785982
No. of Employees As of beginning of most recent plan year:	5

Sincerely,

*Curtis L. Craig*  
Curtis L. Craig

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# TOP HAT PLAN / DFVC PROGRAM

**Form 5500**  
 Department of the Treasury  
 Internal Revenue Service  
 Department of Labor  
 Pension and Welfare Benefits  
 Administration  
 Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan (With 100 or more participants)

OMB Nos. 1210-0016  
 1210-0089

# 1995

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.  
 ▶ See separate instructions.

**This Form Is Open to  
 Public Inspection.**

**For the calendar plan year 1995 or fiscal plan year beginning** \_\_\_\_\_, 1995, and ending \_\_\_\_\_, 19

If A(1) through A(4), B, C, and/or D, do not apply to this year's return/report, leave the boxes unmarked.

**For IRS Use Only**  
 EP-ID

- A** This return/report is: (1)  the first return/report filed for the plan; (2)  an amended return/report; (3)  the final return/report filed for the plan; or (4)  a short plan year return/report (less than 12 months).

**IF ANY INFORMATION ON A PREPRINTED PAGE 1 IS INCORRECT, CORRECT IT. IF ANY INFORMATION IS MISSING, ADD IT. PLEASE USE RED INK WHEN MAKING THESE CHANGES AND INCLUDE THE PREPRINTED PAGE 1 WITH YOUR COMPLETED RETURN/REPORT.**

- B** Check here if any information reported in 1a, 2a, 2b, or 5a changed since the last return/report for this plan . . . . .   
**C** If your plan year changed since the last return/report, check here . . . . .   
**D** If you filed for an extension of time to file this return/report, check here and attach a copy of the approved extension . . . . .

<p><b>1a</b> Name and address of plan sponsor (employer, if for a single-employer plan)                  (Address should include room or suite no.)</p> <p><b>Explorer Pipeline Company</b>  <b>6846 S. Canton, Suite 300</b>  <b>Tulsa, OK 74136</b></p>	<p><b>1b</b> Employer identification number (EIN)                  73 0785982</p> <p><b>1c</b> Sponsor's telephone number                  (918) 493-5100</p> <p><b>1d</b> Business code (see instructions, page 23)                  4920</p> <p><b>1e</b> CUSIP issuer number                  N/A</p>
<p><b>2a</b> Name and address of plan administrator (if same as plan sponsor, enter "Same")                  Same</p>	<p><b>2b</b> Administrator's EIN</p> <p><b>2c</b> Administrator's telephone number</p>

- 3** If you are filing this page without the preprinted historical plan information and the name, address, and EIN of the plan sponsor or plan administrator has changed since the last return/report filed for this plan, enter the information from the last return/report in line 3a and/or line 3b and complete line 3c.
- a** Sponsor \_\_\_\_\_ EIN \_\_\_\_\_ Plan number \_\_\_\_\_  
**b** Administrator \_\_\_\_\_ EIN \_\_\_\_\_  
**c** If line 3a indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See line 3c on page 9 of the instructions for the definition of sponsorship.) Enter "Yes" or "No." ▶

<b>4 ENTITY CODE.</b> (If not shown, enter the applicable code from page 9 of the instructions.) ▶	<b>A</b>				
<p><b>5a</b> Name of plan ▶ <b>Explorer Pipeline Company Excess Benefits and Contributions Plan</b></p>	<p><b>5b</b> Effective date of plan (mo., day, yr.)                  1/01/95</p> <p><b>5c</b> Three-digit plan number ▶ <b>888</b></p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				

**All filers must complete 6a through 6d, as applicable.**

- 6a**  Welfare benefit plan **6b**  Pension benefit plan  
 (If the correct codes are not preprinted below, enter the applicable codes from page 9 of the instructions in the boxes.)
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|  |  |  |  |
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- 6c** Pension plan features. (If the correct codes are not preprinted below, enter the applicable pension plan feature codes from page 9 of the instructions in the boxes.)
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**6d**  Fringe benefit plan. Attach Schedule F (Form 5500). See instructions.

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of employer/plan sponsor ▶ *Curtis L. Craig* Date ▶ 12/22/96  
 Type or print name of individual signing for the employer/plan sponsor *Curtis L. Craig, General Counsel + Corporate Secretary*  
 Signature of plan administrator ▶ *Curtis L. Craig* Date ▶ 12/22/96  
 Type or print name of individual signing for the plan administrator *Curtis L. Craig, Benefits Committee*