

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
MIDLAND DIVISION**

In re:	§
	§
Remnant Oil Company, LLC and	§ Case No. 19-70106
Remnant Oil Operating, LLC,	§ Case No. 19-70107
	§
Debtors.	§ Chapter 11
	§
	§ (Jointly Administered Under
	§ Case No. 19-70106)
	§

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

**Introduction**

Remnant Oil Company, LLC and Remnant Oil Operating, LLC (collectively, the “**Debtors**”), with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the Western District of Texas (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statement of Financial Affairs (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of

conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors, on behalf of themselves, their officers, employees, agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

The Schedules and Statements have been signed by an authorized representative of each of the Debtors. In reviewing and signing the Schedules and Statements, this representative relied upon the efforts, statements and representations of the Debtors' other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

### **Global Notes and Overview of Methodology**

- 1. Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any claim (“**Claim**”) description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as “disputed,” “contingent,” or “unliquidated;” or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtors that such Claim or amount is not “disputed,” “contingent,” or “unliquidated.” Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors’ chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non- bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be

required to update the Schedules and Statements.

The listing in the Schedules or Statements (including, without limitation, Schedule A/B, Schedule E/F or Statement 4) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in the Debtors' books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

2. **Description of Cases and "as of" Information Date.** On July 16, 2019 (the "**Petition Date**"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On July 22, 2019, the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors' chapter 11 cases [Docket No. 23].

**The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of May 31, 2019, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of June 30, 2019.**

3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Debtors' Schedules and Statements reflect net book values as of May 31, 2019, in the Debtors' books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
4. **Recharacterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to, among other things, the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
5. **Real Property and Personal Property—Leased.** In the ordinary course of their businesses, the Debtors leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing

in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or properly designated as a financing arrangement).

6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain outstanding Claims on a post-petition basis. Prepetition liabilities which have been paid post-petition may have been excluded from the Schedules and Statements. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely for purposes of the Schedules and Statements, the Debtors define "insiders" to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) Debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtors). Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.

8. **Executory Contracts and Unexpired Leases.** Although the Debtors made diligent attempts to attribute executory contracts and unexpired leases to their rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors' businesses.

Moreover, other than real property leases reported in Schedule A/B 55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors' estates. The Debtors' executory contracts and unexpired leases have been set forth in Schedule G.

9. **Materialman's/Mechanic's Liens.** The assets listed in the Schedules and Statements

are presented without consideration of any materialman's or mechanic's liens.

- 10. Classifications.** Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F part 1 as "priority," (c) Schedule E/F part 2 as "unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the Claimant, or a waiver of the Debtors' rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.
- 11. Claims Description.** Schedules D and E/F permit each Debtor to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on a given Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtors.
- 12. Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "**Causes of Action**") they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.
- 13. Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

  - a. **Undetermined Amounts.** The description of an amount as "unknown," "TBD" or "undetermined" is not intended to reflect upon the materiality of such amount.
  - b. **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
  - c. **Liens.** Property and equipment listed in the Schedules and Statements are presented without consideration of

any liens that may attach (or have attached) to such property and equipment.

14. **Estimates and Assumptions.** Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.
15. **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.
16. **Setoffs.** The Debtors incur certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.
17. **Employee Addresses.** Employee addresses have been removed from entries listed on Schedules E/F and G and the Statements, as applicable. These addresses are available upon request of the Office of the United States Trustee and the Bankruptcy Court.
18. **Global Notes Control.** If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

#### **Specific Disclosures with Respect to the Debtors' Schedules**

**Schedule A/B.** All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of May 31, 2019, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

**Schedule A/B 3.** Cash values held in financial accounts are listed on Schedule A/B 3 as of July 15, 2019. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Emergency Motion Pursuant To Sections 105(A), 345(B), 363(C), And 364(A) Of The Bankruptcy Code For Authorization To (I) Continue To Use Existing Cash Management System, (II) Maintain Existing Bank Accounts On Interim Basis, (III) Maintain Business Forms And Records; And (IV) Waive Certain Deposit Guidelines* [Docket No. 7] (the "**Cash Management Motion**").

**Schedule A/B 7.** The Bankruptcy Court, pursuant to the *Debtors' Emergency Motion For Order (I) Prohibiting Utility Companies From Altering Or Discontinuing Service On Account Of Prepetition Invoices, (II) Approving Deposit Account As Adequate Assurance Of Payment, And (III) Establishing Procedures For Resolving Requests By Utility Companies For Additional Assurance Of Payment* [Docket No. 8], has authorized the Debtors to provide adequate assurance of payment for postpetition

utility services, including a deposit in the amount of \$32,800. Such deposit is not listed on Schedule A/B 7, which was prepared as of the Petition Date.

**Schedule A/B 11.** Accounts receivable do not include intercompany receivables.

**Schedule A/B 55.** The Debtors have listed their real property leases in Schedule A/B 55. The Debtors are unable to value their leasehold interests and leasehold improvements on a lease by lease basis. Accordingly, while the Debtors have listed each leasehold interest on a lease by lease basis in Schedule A/B 55, the aggregate market value of the Debtors' leasehold interests and leasehold improvements have been listed in connection with item number 55.2 on Schedule A/B 55.

**Schedule A/B 63.** The Debtors maintain a customer database. The amount is listed as undetermined because the fair market value of such ownership cannot be determined.

**Schedule A/B 74 & 75.** In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, certain of the Debtors may be a party to pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

**Schedule D.** The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtors of the legal rights of the Claimant or a waiver of the Debtors' rights to recharacterize or reclassify such Claim or contract.

Moreover, the Debtors have not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

**Schedule E/F part 2.** The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date. However, trade/accounts payable are reported on Schedule E/F part 2 as of June 30, 2019.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtors. The dollar amount of potential Claims associated with any such pending litigation is listed as “undetermined” and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors’ liabilities with respect to any of the potential suits and proceedings included therein. The Debtors expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtors’ Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

**Schedule G.** Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtors’ reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtors’ use of



reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

**Schedule H.** For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtors have treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F part 2 and Statement 7, as applicable.

### **Specific Disclosures with Respect to the Debtors' Statements**

**Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtors within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3.

**Statement 4.** Statement 4 accounts for a respective Debtor's intercompany transactions, as well as other transfers to insiders as applicable. With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement, loan repayments, and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtors' employees, has not been included.

**Statement 5.** Statement 5 excludes goods returned in the ordinary course of business.

**Statement 7.** Any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein.

**Statement 10.** The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes. The losses listed on Statement 10 are based on the estimated amounts currently owed and are not intended to be an admission of the amounts owed.

**Statement 11.** Out of an abundance of caution, the Debtors have included payments to all professionals who have rendered any advice related the Debtors' bankruptcy proceedings in Statement 11. However, it is possible that the disclosed fees also relate to other, non-bankruptcy related services, and may include services rendered to other parties.

**Statement 26d.** The Debtors have provided financial statements in the ordinary course of their businesses to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtors' knowledge or consent or subject to confidentiality agreements, the Debtors have not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

**Statement 30.** Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

**Fill in this information to identify the case:**

**Debtor name:** Remnant Oil Operating, LLC

**United States Bankruptcy Court for the:** Western District of Texas

**Case number (if known):** 19-70107

☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from Schedule A/B .....	\$0.00
1b. <b>Total personal property:</b> Copy line 91A from Schedule A/B .....	\$200,751.17
1c. <b>Total of all property:</b> Copy line 92 from Schedule A/B .....	\$200,751.17

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....	\$3,534,432.59
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F .....	\$19,480.21
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....	+ \$4,807,314.09
4. <b>Total liabilities</b> Lines 2 + 3a + 3b .....	\$8,361,226.89

**Fill in this information to identify the case:****Debtor name:** Remnant Oil Operating, LLC**United States Bankruptcy Court for the:** Western District of Texas**Case number (if known):** 19-70107☐ Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

2.1. \_\_\_\_\_ \$ \_\_\_\_\_

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	FIRST CAPITAL BANK OF TEXAS 310 W WALL ST., SUITE 100 MIDLAND TX 79701	CHECKING	0220	(\$4.88)
3.2.	WEST TEXAS NATIONAL BANK 6 DESTA DRIVE, SUITE 2400 MIDLAND TX 79705	CHECKING	0875	\$9,968.68

**4. Other cash equivalents (Identify all)**

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	_____	_____	_____	_____	\$ _____

**5. Total of part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$9,963.80

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Current value of  
debtor's interest

7.1. \_\_\_\_\_ \$ \_\_\_\_\_

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Current value of  
debtor's interest

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of part 2**

Add lines 7 through 8. Copy the total to line 81.

\$0.00

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of  
debtor's interest**11. Accounts receivable**

Face amount

Doubtful or uncollectible  
accounts

11a. 90 days old or less: \$56,165.31 - \$0.00 = ..... → \$56,165.31

Face amount

Doubtful or uncollectible  
accounts

11b. Over 90 days old: \$112,160.06 - \$0.00 = ..... → \$112,160.06

**12. Total of part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$168,325.37

**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used  
for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity

% of ownership

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of part 4**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☒ No. Go to Part 6.☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

19.1. \_\_\_\_\_ \$ \_\_\_\_\_

**20. Work in progress**

20.1. \_\_\_\_\_ \$ \_\_\_\_\_

**21. Finished goods, including goods held for resale**

21.1. \_\_\_\_\_ \$ \_\_\_\_\_

**22. Other inventory or supplies**

22.1. \_\_\_\_\_ \$ \_\_\_\_\_

**23. Total of part 5**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

**24. Is any of the property listed in Part 5 perishable?**☐ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes Book value: \$ \_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$ \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☐ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
28.1. _____	\$ _____	_____	\$ _____
<b>29. Farm animals.</b> Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment</b> (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
31.1. _____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
32.1. _____	\$ _____	_____	\$ _____
<b>33. Total of part 6</b>			
Add lines 28 through 32. Copy the total to line 85.			\$0.00

**34. Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes Book value: \$ \_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$ \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
39.1. _____	\$ _____	_____	\$ _____
<b>40. Office fixtures</b>			
40.1. OWNED OFFICE FURNITURE AND FIXTURES	\$9,013.00	Net Book Value	\$9,013.00

**41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. OWNED OFFICE EQUIPMENT	\$13,449.00	Net Book Value	\$13,449.00
<b>42. Collectibles.</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
<b>43. Total of part 7</b>			
Add lines 39 through 42. Copy the total to line 86.			\$22,462.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No  
☒ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. LEASED - 2014 FORD F150 PICKUP TRUCK, VIN 1FTFW1R68EFA69447	UNDETERMINED	_____	UNDETERMINED
47.2. LEASED - 2016 TOYOTA TUNDRA PICKUP, VIN 5TFCW5F12GX019840	UNDETERMINED	_____	UNDETERMINED
47.3. LEASED - 2014 TOYOTA TUNDRA PICKUP, VIN 5TFUM5F18EX054454	UNDETERMINED	_____	UNDETERMINED
47.4. LEASED - 2017 FORD F150 PICKUP TRUCK, VIN 1FTEW1EF7HKC47037	UNDETERMINED	_____	UNDETERMINED
47.5. LEASED - 2015 CHEVROLET 1500 PICKUP, VIN 3GCUKREC4FG196340	UNDETERMINED	_____	UNDETERMINED
47.6. LEASED - 2017 TOYOTA TACOMA PICKUP, VIN 3TMCZ5AN2HM110034	UNDETERMINED	_____	UNDETERMINED
47.7. LEASED - 2018 FORD F250 PICKUP, VIN 1FT7W2BT3JEC26537	UNDETERMINED	_____	UNDETERMINED
47.8. LEASED - 2005 GMC PICKUP TRUCK, VIN 1GDJ6C1C45F503592	UNDETERMINED	_____	UNDETERMINED
47.9. LEASED - 2018 TOYOTA TUNDRA PICKUP, VIN 5TFDW5F1XJX692564	UNDETERMINED	_____	UNDETERMINED



- 47.10. LEASED - 2019 FORD F-150 TRUCK, VIN 1FTEX1EB5KKD33397 UNDETERMINED \_\_\_\_\_ UNDETERMINED
- 47.11. LEASED - 2019 FORD F-150 TRUCK, VIN 1FTEX1EB3KKD33396 UNDETERMINED \_\_\_\_\_ UNDETERMINED
- 47.12. OWNED - 2016 C&M UTILITY TRAILER, VIN 5VNB1623GT148559, WATER TRAILER 76X16 LIGHT - LICENSE 252358J TX UNDETERMINED \_\_\_\_\_ UNDETERMINED
- 47.13. OWNED - BIG TEX TRAILER MANUFACTURING, VIN 16VFX322171381825, PIPE TRAILER - LICENSE 66014J NM UNDETERMINED \_\_\_\_\_ UNDETERMINED
- 48. Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels
- 48.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_
- 49. Aircraft and accessories**
- 49.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_
- 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
- 50.1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**51. Total of part 8**

Add lines 47 through 50. Copy the total to line 87.

UNDETERMINED

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest****55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

55.1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88.

\$0.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
- ☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, and trade secrets</b>			
60.1. _____	\$ _____	_____	\$ _____
<b>61. Internet domain names and websites</b>			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____
<b>62. Licenses, franchises, and royalties</b>			
62.1. _____	\$ _____	_____	\$ _____
<b>63. Customer lists, mailing lists, or other compilations</b>			
63.1. CUSTOMER AND ROYALTY INTEREST OWNER LISTS	UNDETERMINED	_____	UNDETERMINED
<b>64. Other intangibles, or intellectual property</b>			
64.1. _____	\$ _____	_____	\$ _____
<b>65. Goodwill</b>			
65.1. _____	\$ _____	_____	\$ _____
<b>66. Total of part 10</b>			UNDETERMINED

Add lines 60 through 65. Copy the total to line 89.

**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☐ No
- ☒ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
- ☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☐ No
- ☒ Yes

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

**Current value of  
debtor's interest****71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____ = ..... →	\$ _____

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. _____	\$ _____	\$ _____	_____	\$ _____

**73. Interests in insurance policies or annuities**

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY POLICY NO. UB-7J356845-18-N4-G	_____	_____	_____	UNDETERMINED
73.2. ST. PAUL FIRE & MARINE INSURANCE COMPANY	GENERAL LIABILITY POLICY NO. 15T14218	_____	_____	_____	UNDETERMINED
73.3. ST. PAUL FIRE & MARINE INSURANCE COMPANY	AUTO POLICY NO. 15T14218	_____	_____	_____	UNDETERMINED
73.4. ST. PAUL FIRE & MARINE INSURANCE COMPANY	UMBRELLA POLICY NO. 15T14218	_____	_____	_____	UNDETERMINED
73.5. ST. PAUL FIRE & MARINE INSURANCE COMPANY	PROPERTY POLICY NO. 15T14218	_____	_____	_____	UNDETERMINED

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1. _____	_____	\$ _____	\$ _____

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

	Nature of claim	Amount requested	Current value of debtor's interest
75.1. LEGACY RESERVES OPERATING LLC	TORT, CONTRACT AND OTHER ACTIONS	UNDETERMINED	UNDETERMINED
75.2. CARGILL INC RISK MANAGEMENT	TORT, CONTRACT AND OTHER ACTIONS	UNDETERMINED	UNDETERMINED
75.3. BEN'S OILFIELD SERVICE	TORT, CONTRACT AND OTHER ACTIONS	UNDETERMINED	UNDETERMINED
75.4. ZIMMERMAN OIL INC	TORT, CONTRACT AND OTHER ACTIONS	UNDETERMINED	UNDETERMINED

Debtor **Remnant Oil Operating, LLC**

Case number (if known) **19-70107**

75.5.	ARENA INVESTORS LP	TORT, CONTRACT AND OTHER ACTIONS	UNDETERMINED	UNDETERMINED
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**76. Trusts, equitable or future interests in property**

76.1.	_____	\$ _____
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**77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1.	_____	\$ _____
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**78. Total of part 11**

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED
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**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$9,963.80	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$0.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$168,325.37	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$22,462.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	UNDETERMINED	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		\$0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> +	UNDETERMINED	
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$200,751.17	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$200,751.17

**Fill in this information to identify the case:**

**Debtor name:** Remnant Oil Operating, LLC

**United States Bankruptcy Court for the:** Western District of Texas

**Case number (if known):** 19-70107

☐ Check if this is an  
amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A  
Amount of  
Claim**

Do not deduct  
the value of  
collateral.

**Column B  
Value of  
collateral that  
supports this  
claim**

**2.1. Creditor's name and address**

3-2-1 PARTNERS, LTD.  
9706 S RUSKIN CIRCLE  
SANDY UT 84092

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 1/31/2017

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

DEED OF TRUST, MORTGAGE, SECURITY AGREEMENT, ASSIGNMENT OF PRODUCTION AND FINANCING STATEMENT ENCUMBERING THE PREMISES

**Describe the lien**

\_\_\_\_\_

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.2. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

---

**Date debt was incurred:** 4/6/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

---

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/6/2018, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20180003578

**Describe the lien**

LIEN RECORDED IN VOLUME 00802, PAGE 01521, ROCK QUEEN BATTERY LOCATED IN SECTION 25, TOWNSHIP 13 SOUTH, RANGE 31 EAST, N.M.P.M., CHAVES COUNTY, NEW MEXICO

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.3. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

---

**Date debt was incurred:** 3/26/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

---

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/26/2018, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20180003209

**Describe the lien**

LIEN RECORDED IN VOLUME 00802, PAGE 00265, SEE RECORD FOR ADDITIONAL LEGAL DESCRIPTION

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED



**2.4. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22118

\$407.55

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
239, SECTION-01 TOWNSHIP-10 S RANGE-  
33 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed**2.5. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22119

\$2,391.67

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
240, SECTION-03 TOWNSHIP-19 S RANGE-  
32 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

**2.6. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22120

\$305.66

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
241, SECTION-35 TOWNSHIP-10 S RANGE-  
32 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed**2.7. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22121

\$1,233.38

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
242, SECTION-36 TOWNSHIP-10 S RANGE-  
32 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

**2.8. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22122

\$981.34

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
243, SECTION-23 TOWNSHIP-12 S RANGE-  
32 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed**2.9. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22123

\$777.56

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
244, SECTION-23 TOWNSHIP-12 S RANGE-  
32 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

**2.10. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22124

\$3,968.25

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
245, SECTION-19 TOWNSHIP-13 S RANGE-  
32 E LAND IN, SECTION-30 TOWNSHIP-13 S  
RANGE-32 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed**2.11. Creditor's name and address**ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/23/2018**Last 4 digits of account number:** \_\_\_\_\_**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**UCC-1 FINANCING STATEMENT  
RECORDED 3/23/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 22125

\$509.44

UNDETERMINED

**Describe the lien**LIEN RECORDED IN VOLUME 2131, PAGE  
246, SECTION-01 TOWNSHIP-13 S RANGE-  
34 E LAND IN**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

**2.12. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/26/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/26/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1805037

**Describe the lien**

LIEN RECORDED IN VOLUME 1105, PAGE 1204

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.13. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/26/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/26/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1805038

**Describe the lien**

LIEN RECORDED IN VOLUME 1105, PAGE 1205

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.14. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/26/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/26/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1805039

**Describe the lien**

LIEN RECORDED IN VOLUME 1105, PAGE 1206

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.15. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/26/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/26/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1805040

**Describe the lien**

LIEN RECORDED IN VOLUME 1105, PAGE 1207

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.16. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/26/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/26/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1805041

**Describe the lien**

LIEN RECORDED IN VOLUME 1105, PAGE 1208

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.17. Creditor's name and address**

ARTS HOT OIL SERVICES LLC  
PO BOX 188  
LOVINGTON NM 88260-0188

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/26/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/26/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1805042

**Describe the lien**

LIEN RECORDED IN VOLUME 1105, PAGE 1209

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.18. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

---

**Date debt was incurred:** 4/18/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

---

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/18/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190003471

**Describe the lien**

LIEN RECORDED IN VOLUME 00822, PAGE  
00395, SW/4 OF SECTION 27, TOWNSHIP 13  
S, RANGE 3 IE AND NE/4 OF SECTION 29,  
TOWNSHIP 13 S, RANGE 31E

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.19. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

---

**Date debt was incurred:** 4/18/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

---

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/18/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190003470

**Describe the lien**

LIEN RECORDED IN VOLUME 00822, PAGE  
00358, SEE RECORD FOR ADDITIONAL  
LEGAL

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED



**2.20. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 4/12/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/12/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190003276

**Describe the lien**

LIEN RECORDED IN VOLUME 00821, PAGE  
01308, SEE RECORD FOR ADDITIONAL  
LEGAL

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.21. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 4/18/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/18/2019, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1904982

**Describe the lien**

LIEN RECORDED IN VOLUME 1122, PAGE  
176

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.22. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 4/18/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/18/2019, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1904983

**Describe the lien**

LIEN RECORDED IN VOLUME 1122, PAGE 177

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.23. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 4/22/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/22/2019, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1905087

**Describe the lien**

LIEN RECORDED IN VOLUME 1122, PAGE 280

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.24. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 4/22/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/22/2019, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1905088

**Describe the lien**

LIEN RECORDED IN VOLUME 1122, PAGE 281

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.25. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 4/22/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/22/2019, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1905089

**Describe the lien**

LIEN RECORDED IN VOLUME 1122, PAGE 282

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.26. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 4/22/2019**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/22/2019, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1905090

**Describe the lien**

LIEN RECORDED IN VOLUME 1122, PAGE  
283

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

UNDETERMINED UNDETERMINED

**2.27. Creditor's name and address**

BAKER PETROLITE LLC  
12645 W AIRPORT BLVD  
SUGAR LAND TX 77478-6120

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 4/22/2019**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/22/2019, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1905091

**Describe the lien**

LIEN RECORDED IN VOLUME 1122, PAGE  
284

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

UNDETERMINED UNDETERMINED

**2.28. Creditor's name and address**

BENS OILFIELD SERVICES LLC  
PO BOX 2364  
HOBBS NM 88241

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/21/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/21/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190002518

**Describe the lien**

LIEN RECORDED IN VOLUME 00820, PAGE  
00789

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.29. Creditor's name and address**

BENS OILFIELD SERVICES LLC  
PO BOX 2364  
HOBBS NM 88241

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/21/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/21/2019, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 38788

**Describe the lien**

LIEN RECORDED IN VOLUME 2147, PAGE  
851, SECTION-19 TOWNSHIP-13 S RANGE-  
32 E NE/4SW/4,SW/4SE/ SECTION-30  
TOWNSHIP-13 S RANGE-32 E  
NE/4NE/4,NE/4NW/ SECTION-30  
TOWNSHIP-13 S RANGE-32 E  
SW/4NE/4,SW/4SW

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

\$8,542.33

UNDETERMINED

**2.30. Creditor's name and address**

DMC OILFIELD SERVICES LLC  
PO BOX 1890  
HOBBS NM 88241

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 5/7/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/7/2018, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20180004505

**Describe the lien**

LIEN RECORDED IN VOLUME 00804, PAGE  
00603

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.31. Creditor's name and address**

DMC OILFIELD SERVICES LLC  
PO BOX 1890  
HOBBS NM 88241

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 5/7/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/7/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 24420

**Describe the lien**

LIEN RECORDED IN VOLUME 2133, PAGE  
531, SECTION-19 TOWNSHIP-24 S RANGE-  
38 E LAND IN SECTION-03 TOWNSHIP-19 S  
RANGE-32 E LAND IN SECTION-23  
TOWNSHIP-12 S RANGE-32 E LAND IN  
SECTION-19 TOWNSHIP-13 S RANGE-32 E  
LAND IN SECTION-30 TOWNSHIP-13 S  
RANGE-32 E LAND IN

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

\$107,063.17 UNDETERMINED

**2.32. Creditor's name and address**

DMC OILFIELD SERVICES LLC  
PO BOX 1890  
HOBBS NM 88241

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 5/7/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/7/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1807826

**Describe the lien**

LIEN RECORDED IN VOLUME 1108, PAGE 230

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.33. Creditor's name and address**

INDEPENDENCE OILFIELD CHEMICALS LLC  
1450 LAKE ROBBINS DRIVE SUITE 400  
THE WOODLANDS TX 77380

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 1/29/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 1/29/2018, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20180000849

**Describe the lien**

LIEN RECORDED IN VOLUME 00798, PAGE 00952, SEE RECORD FOR ADDITIONAL LEGAL

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.34. Creditor's name and address**

INDEPENDENCE OILFIELD CHEMICALS LLC  
1450 LAKE ROBBINS DRIVE SUITE 400  
THE WOODLANDS TX 77380

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** 2/5/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 2/5/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1801714

**Describe the lien**

LIEN RECORDED IN VOLUME 1103, PAGE 414

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.35. Creditor's name and address**

KLX ENERGY SERVICES LLC  
PRODUCT LINE MANAGER  
3040 POST OAK BLVD  
15TH FLOOR  
HOUSTON TX 77056

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** 2/15/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 2/15/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190001467

**Describe the lien**

LIEN RECORDED IN VOLUME 00818, PAGE 01571, SECTION 30, TOWNSHIP 13, RANGE 32, SECTIONS 36, 25, 35, 34, 26, 24, TOWNSHIP 13, RANGE 31

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED



**2.36. Creditor's name and address**

KODIAK GAS SERVICES, LLC  
PO BOX 732235  
DALLAS TX 75373-2235

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 5/28/2019**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/28/2019, COUNTY OF AS  
DOCUMENT NO. 2019-15398

\$3,300,000.00 UNDETERMINED

**Describe the lien**

AGREED FINAL JUDGMENT, CASE NO.  
2018-48487

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☐ Disputed**2.37. Creditor's name and address**

MESA WELL SERVICES LP  
PO BOX 1620  
HOBBS NM 88241

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 3/29/2019**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/29/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190002813

UNDETERMINED UNDETERMINED

**Describe the lien**

LIEN RECORDED IN VOLUME 00820, PAGE  
01738, TOWNSHIP 13 SOUTH, RANGE 31  
EAST, N.M.P.M, SECTION 24 ALL SECTION  
25 ALL SECTION 26 AIL SECTION 36 ALL

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

2.38. **Creditor's name and address**

MESA WELL SERVICES LP  
PO BOX 1620  
HOBBS NM 88241

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 3/29/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 3/29/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190002812

**Describe the lien**

LIEN RECORDED IN VOLUME 00820, PAGE 01727, CHAVES COUNTY, NEW MEXICO, BEING TOWNSHIP 13 SOUTH, RANGE 31 EAST, N.M.P.M. SECTION 35 ALL TOWNSHIP 14 SOUTH, RANGE 31 EAST, N.M.P.M. SECTION 3 ALL

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

2.39. **Creditor's name and address**

MOTLEY SERVICES LLC  
2150 S DIXIE BLVD  
ODESSA TX 79766

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 2/15/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 2/15/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190001467

**Describe the lien**

LIEN RECORDED IN VOLUME 00818, PAGE 01571, SECTION 30, TOWNSHIP 13, RANGE 32, SECTIONS 36, 25, 35, 34, 26, 24, TOWNSHIP 13, RANGE 31

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.40. Creditor's name and address**

NEW MEXICO TAX & REVENUE  
DEPARTMENT  
5301 CENTRAL AVENUE NE  
ALBUQUERQUE NM 87198

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 4/4/2019**Last 4 digits of account number:** LETTER  
ID: 9104**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/4/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO. LETTER  
ID L0110838960

\$22,014.37

UNDETERMINED

**Describe the lien**

TAX LIEN FOR ASSESSMENT AS OF  
1/31/2017

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**2.41. Creditor's name and address**

R & H RENTALS LLC  
512 W TEXAS AVENUE  
ARTESIA NM 88210

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 5/17/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/17/2018, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20180004871

UNDETERMINED UNDETERMINED

**Describe the lien**

LIEN RECORDED IN VOLUME 00805, PAGE  
01289, SEE RECORD FOR ADDITIONAL  
LEGAL

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

**2.42. Creditor's name and address**

R & H RENTALS LLC  
512 W TEXAS AVENUE  
ARTESIA NM 88210

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 5/25/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/25/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 25378

\$6,780.07

UNDETERMINED

**Describe the lien**

LIEN RECORDED IN VOLUME 2134, PAGE 489, SECTION-30 TOWNSHIP-13 S RANGE-32 E SW/4NW/4

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

**2.43. Creditor's name and address**

R & H RENTALS LLC  
512 W TEXAS AVENUE  
ARTESIA NM 88210

**Creditor's email address, if known**

\_\_\_\_\_

**Date debt was incurred:** 6/11/2018

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

\_\_\_\_\_

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 6/11/2018, COUNTY OF EDDY  
COUNTY, NM AS DOCUMENT NO. 1810160

UNDETERMINED UNDETERMINED

**Describe the lien**

LIEN RECORDED IN VOLUME 1810160, PAGE 56

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

**2.44. Creditor's name and address**

RELIABLE WELL SERV INC  
DAVID BARRETT PRESIDENT  
512 W TEXAS  
ARTESIA NM 88210

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 5/24/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/24/2018, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 25339

\$62,228.63

UNDETERMINED

**Describe the lien**

LIEN RECORDED IN VOLUME 2134, PAGE 450, SECTION-03 TOWNSHIP-19 S RANGE-32 E NE/4SW/4, SW/4NW SECTION-19 TOWNSHIP-19 S RANGE-32 E SW/4NW/4 SECTION-30 TOWNSHIP-13 S RANGE-32 E SW/4NW/4

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed**2.45. Creditor's name and address**

RELIABLE WELL SERVICE INC  
DAVID BARRETT PRESIDENT  
512 W TEXAS  
ARTESIA NM 88210

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** 5/17/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 5/17/2018, COUNTY OF CHAVES, NM AS DOCUMENT NO. 20180004870

UNDETERMINED UNDETERMINED

**Describe the lien**

LIEN RECORDED IN VOLUME 00805, PAGE 01254, SEE RECORD FOR ADDITIONAL LEGAL

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☐ Contingent☒ Unliquidated☒ Disputed

**2.46. Creditor's name and address**

SUMMIT ESP  
PO BOX 21468  
TULSA OK 74121

**Creditor's email address, if known**

---

**Date debt was incurred:** 4/30/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

---

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 4/30/2019, COUNTY OF  
CHAVES, NM AS DOCUMENT NO.  
20190003813

**Describe the lien**

LIEN RECORDED IN VOLUME 00822, PAGE  
01518, SECTION 35, TOWNSHIP 13 SOUTH,  
RANGE 31 EAST, CHAVES COUNTY, NEW  
MEXICO

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

UNDETERMINED UNDETERMINED

**2.47. Creditor's name and address**

WILDCAT OIL TOOLS LLC  
PO BOX 50592  
MIDLAND TX 79710

**Creditor's email address, if known**

---

**Date debt was incurred:** 1/14/2019

**Last 4 digits of account number:**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

---

☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

UCC-1 FINANCING STATEMENT  
RECORDED 1/14/2019, COUNTY OF LEA  
COUNTY, NM AS DOCUMENT NO. 35582

**Describe the lien**

MECHANICS LIEN RECORDED IN VOLUME  
2144, PAGE 655, SECTION-30 TOWNSHIP-  
13 S RANGE-32 E LAND IN

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.

☐ Contingent

☒ Unliquidated

☒ Disputed

\$17,229.17 UNDETERMINED

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$3,534,432.59**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	3-2-1 PARTNERS, LTD. ATTN: THOMAS J. HOWELLS 1914 EAST 9400 SOUTH SUITE 232 SANDY UT 84093	Line 2.1	_____
3.2.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.12	_____
3.3.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.13	_____
3.4.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.14	_____
3.5.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.15	_____
3.6.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.16	_____
3.7.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.17	_____
3.8.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.4	_____
3.9.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.5	_____
3.10.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.6	_____

Debtor **Remnant Oil Operating, LLC**

Case number (if known) **19-70107**

3.11.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.7	_____
3.12.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.8	_____
3.13.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.9	_____
3.14.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.10	_____
3.15.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.11	_____
3.16.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.2	_____
3.17.	ARTS HOT OIL SVC LLC ARTURO R CARRASCO PRINCIPAL PO BOX 188 LOVINGTON NM 88260-0188	Line 2.3	_____
3.18.	CRENSHAW DUPREE & MILAM LLP TRACI D SIEBENLIST,ESQ P O BOX 64479 LUBBOCK TX 79464-4479	Line 2.29	_____
3.19.	FIRST GRAY CORPORATION C/O E. WILL GRAY II 6 DESTA DRIVE STE 5100 MIDLAND TX 79705	Line 2.36	_____
3.20.	NEW MEXICO TAX AND REVENUE DEPT LEGAL SVC BUREAU 1100 SOUTH ST FRANCIS DR SANTA FE NM 87504-0630	Line 2.40	_____
3.21.	OKIN ADAMS LLP MATTHEW S OKIN;CHRISTOPHER ADAMS JOHN THOMAS OLDHAM 1113 VINE ST STE 240 HOUSTON TX 77002	Line 2.36	_____
3.22.	REMNANT MIDSTREAM PIPELINE COMPANY LLC C/O E. WILL GRAY II 6 DESTA DRIVE STE 5100 MIDLAND TX 79705	Line 2.36	_____
3.23.	REMNANT OILFIELD SERVICES LLC C/O E. WILL GRAY II 6 DESTA DRIVE STE 5100 MIDLAND TX 79705	Line 2.36	_____



Debtor **Remnant Oil Operating, LLC**

Case number (if known) **19-70107**

3.24. REMNANT RENEWABLE RESOURCES LLC  
C/O E. WILL GRAY II  
6 DESTA DRIVE  
STE 5100  
MIDLAND TX 79705

Line 2.36 \_\_\_\_\_

3.25. RENDALL SIKES PLLC  
CELENA TERRY ADCOCK  
5310 HARVEST HILL RD  
STE 260  
DALLAS TX 75230

Line 2.36 \_\_\_\_\_

3.26. WS OIL AND GAS LIMITED  
C/O E. WILL GRAY II  
6 DESTA DRIVE  
STE 5100  
MIDLAND TX 79705

Line 2.36 \_\_\_\_\_

**Fill in this information to identify the case:****Debtor name:** Remnant Oil Operating, LLC**United States Bankruptcy Court for the:** Western District of Texas**Case number (if known):** 19-70107☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	<b>Priority creditor's name and mailing address</b>  CHAVES COUNTY TREASURER PO BOX 1772 ROSWELL NM 88202-1772	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> \$9,927.63	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			
2.2.	<b>Priority creditor's name and mailing address</b>  CONSUMER PROTECTION DIVISION PO BOX 1508 407 GALISTEO SANTA FE NM 87504-1508	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> GOVERNMENTAL CLAIM		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

2.3.	<b>Priority creditor's name and mailing address</b>  CRANE COUNTY TAX ASSESSOR/COLLECTOR PO BOX 878 CRANE TX 79731-0878  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>UNDETERMINED</td><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.4.	<b>Priority creditor's name and mailing address</b>  CROCKETT COUNTY TAX ASSESSOR/COLLECTOR PO BOX H OZONA TX 76943  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>UNDETERMINED</td><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.5.	<b>Priority creditor's name and mailing address</b>  DAWSON COUNTY ASSESSOR/COLLECTOR PO BOX 797 LAMESA TX 79331-0797  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>UNDETERMINED</td><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

2.6.	<b>Priority creditor's name and mailing address</b>  EEOC-DALLAS DISTRICT OFFICE BELINDA MCCALLISTER DIRECTOR 207 S HOUSTON ST 3RD FL DALLAS TX 75202  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.7.	<b>Priority creditor's name and mailing address</b>  ENVIRONMENTAL PROTECTION AGENCY FOUNTAIN PL 12TH FL 1445 ROSS AVE STE 1200 DALLAS TX 75202-2733  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.8.	<b>Priority creditor's name and mailing address</b>  ENVIRONMENTAL PROTECTION AGENCY OFFICE OF GENERAL COUNSEL ARIEL RIOS BLDG 1200 PENNSYLVANIA AVE NW MAIL CODE 2310A WASHINGTON DC 20460  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

2.9.	<b>Priority creditor's name and mailing address</b>  GAINES COUNTY APPRAISAL DISTRICT 302 SE AVE B SEMINOLE TX 79360-0490  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th><th>Priority amount</th></tr><tr><td>UNDETERMINED</td><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.10.	<b>Priority creditor's name and mailing address</b>  GLASSCOCK COUNTY TAX ASSESSOR/COLLECTOR PO BOX 89 GARDEN CITY TX 79739-0089  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th><th>Priority amount</th></tr><tr><td>UNDETERMINED</td><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.11.	<b>Priority creditor's name and mailing address</b>  HOCKLEY COUNTY TAX OFFICE 624 AVE H STE 101 LEVELLAND TX 79336  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th><th>Priority amount</th></tr><tr><td>UNDETERMINED</td><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

**2.12. Priority creditor's name and mailing address**

INTERNAL REVENUE SVC  
1111 CONSTITUTION AVE NW  
WASHINGTON DC 20224

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.13. Priority creditor's name and mailing address**

IRION COUNTY TAX  
ASSESSOR/COLLECTOR  
PO BOX 859  
MERTZON TX 76941-0859

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.14. Priority creditor's name and mailing address**

IRS (INTERNAL REVENUE SERVICE)  
10TH ST AND PENNSYLVANIA AVE NW  
WASHINGTON DC 20530

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.15. Priority creditor's name and mailing address**

LOVING COUNTY TAX COLLECTOR  
PO BOX 365  
MENTONE TX 79754-0352

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.16. Priority creditor's name and mailing address**

MIDLAND CENTRAL APPRAISAL  
DISTRICT  
PO BOX 908002  
MIDLAND TX 79708-0002

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.17. Priority creditor's name and mailing address**

NEW MEXICO ATTORNEY GENERAL  
HECTOR BALDERAS  
408 GLISTEO ST  
VILLAGRA BLDG  
SANTA FE NM 87501

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

GOVERNMENTAL CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.18. Priority creditor's name and mailing address**

NEW MEXICO DEPT OF REVENUE  
UNCLAIMED PROPERTY DIVISION  
PO BOX 8485  
ALBUQUERQUE NM 87198-8485

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

GOVERNMENTAL CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.19. Priority creditor's name and mailing address**

NEW MEXICO ENVIRONMENT DEPT  
1190 ST FRANCIS DR STE N4050  
PO BOX 5469  
SANTA FE NM 87505

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

GOVERNMENTAL CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.20. Priority creditor's name and mailing address**

NEW MEXICO OCCUPATIONAL HEALTH  
AND  
SAFETY BUREAU OHSB  
525 CAMINO DE LOS MARQUEZ STE 3  
SANTA FE NM 87502

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:**11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

GOVERNMENTAL CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED



2.21.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO TAX AND REVENUE DEPT 1100 SOUTH ST FRANCIS DR SANTA FE NM 87504-0630  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.22.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO TAXATION AND REVENUE DEPARTMENT PO BOX 2308 SANTA FE NM 87504-2308  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> \$9,552.58	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.23.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO TAXATION AND REVENUE DEPT PO BOX 25127 SANTA FE NM 87504-5127  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

2.24.	<b>Priority creditor's name and mailing address</b>  OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION A MACEO SMITH FEDERAL BLDG 525 GRIFFIN ST STE 602 DALLAS TX 75202  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.25.	<b>Priority creditor's name and mailing address</b>  PECO COUNTY TAX ASSESSOR/COLLECTOR 200 S NELSON ST FT STOCKTON TX 79735-7133  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.26.	<b>Priority creditor's name and mailing address</b>  REAGAN COUNTY TAX ASSESSOR/COLLECTOR PO BOX 100 BIG LAKE TX 76932-0100  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

2.27. <b>Priority creditor's name and mailing address</b>  REEVES COUNTY PO BOX 700 PECOS TX 79772  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.28. <b>Priority creditor's name and mailing address</b>  REEVES COUNTY APPRAISAL DISTRICT 403 S CYPRESS PECOS TX 79772-1229  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.29. <b>Priority creditor's name and mailing address</b>  SCHLEICHER COUNTY TAX ASSOR/COLLECTOR PO BOX 658 ELDORADO TX 76936-0658  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

2.30.	<b>Priority creditor's name and mailing address</b>  STATE OF NEW MEXICO OIL CONSERVATION DIVISION 1220 SOUTH ST FRANCIS DR SANTA FE NM 87505  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.31.	<b>Priority creditor's name and mailing address</b>  STATE TREASURER OF TEXAS PO BOX 149348 AUSTIN TX 78714-9348  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.32.	<b>Priority creditor's name and mailing address</b>  TAX ASSESSOR/COLLECTOR PO BOX T KERMIT TX 79745  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

<b>2.33. Priority creditor's name and mailing address</b>  TEXAS ATTORNEY GENERAL CONSUMER PROTECTION 300 W 15TH ST 9TH FL AUSTIN TX 78711-2548  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
<b>2.34. Priority creditor's name and mailing address</b>  TEXAS ATTORNEY GENERAL KEN PAXTON 300 W 15TH ST AUSTIN TX 78701  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
<b>2.35. Priority creditor's name and mailing address</b>  TEXAS COMMISSION OF ENVIRONMENTAL QUALITY PO BOX 13087 MAIL CODE - TCEQ AUSTIN TX 78711-3087  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

**2.36. Priority creditor's name and mailing address**

TEXAS COMPTROLLER OF PUBLIC  
ACCOUNTS  
PO BOX 13528 CAPITOL STATION  
AUSTIN TX 78711-3528

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.37. Priority creditor's name and mailing address**

TEXAS COMPTROLLER OF PUBLIC  
ACCOUNTS  
UNCLAIMED PROPERTY CLAIMS  
SECTION  
PO BOX 12046  
AUSTIN TX 78711-2046

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

GOVERNMENTAL CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.38. Priority creditor's name and mailing address**

TEXAS OSHA  
LA COSTA GREEN BLDG  
1033 LA POSADA DR STE 375  
AUSTIN TX 78752-3832

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

GOVERNMENTAL CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

2.39.	<b>Priority creditor's name and mailing address</b>  TEXAS RAILROAD COMMISSION 1701 N CONGRESS AUSTIN TX 78701  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.40.	<b>Priority creditor's name and mailing address</b>  TEXAS RAILROAD COMMISSION 10 DESTA DR STE 500 E MIDLAND TX 79705  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.41.	<b>Priority creditor's name and mailing address</b>  TOM GREEN CO APPRAISAL DISTRICT PO BOX 3307 SAN ANGELO TX 76902-3307  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

<b>2.42. Priority creditor's name and mailing address</b>  UPTON COUNTY APPRAISAL DISTRICT PO BOX 1110 MCCAMEY TX 79752-1110  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
<b>2.43. Priority creditor's name and mailing address</b>  US DEPT OF LABOR OCCUPATIONAL SAFETY AND HEALTH ADMIN OSHA OFFICE OF CHIEF COUNSEL 200 CONSTITUTION AVE NW WASHINGTON DC 20210  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
<b>2.44. Priority creditor's name and mailing address</b>  US EQUAL EMPLOYMENT OPPORTUNITY COMMISSION OFFICE OF CHIEF COUNSEL 131 M ST NE WASHINGTON DC 20507  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  GOVERNMENTAL CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									



2.45.	<b>Priority creditor's name and mailing address</b>  WARD COUNTY TAX ASSESSOR/COLLECTOR PO BOX 290 MONAHANS TX 79756-0290  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.46.	<b>Priority creditor's name and mailing address</b>  WINK LOVING CISD PO BOX 637 WINK TX 79789-0637  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.47.	<b>Priority creditor's name and mailing address</b>  WINKLER COUNTY TAX ASSESSOR/COLLECTOR PO BOX 7 KERMIT TX 79745  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

2.48. **Priority creditor's name and mailing address**

YOAKUM COUNTY TAX ASSESSOR  
PO BOX 250  
PLAINS TX 79355-0250

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

<b>3.1. Nonpriority creditor's name and mailing address</b> 24/7 OILFIELD SERVICES LLC PO BOX 64443 LUBBOCK TX 79464-4443	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$8,430.81
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> ACCOUNT PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2. Nonpriority creditor's name and mailing address</b> 3 GENERATIONS TRUCKING LLC 909 S JERRY LN HOBBS NM 88240	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$1,625.00
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> ACCOUNT PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3. Nonpriority creditor's name and mailing address</b> 50-50 BACKHOE SERVICES LLC PO BOX 375 ARTESIA NM 88211-0375	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$14,803.75
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> ACCOUNT PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.4.	<b>Nonpriority creditor's name and mailing address</b> ABC RENTAL TOOL COMPANY INC PO BOX 1500 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,828.52
3.5.	<b>Nonpriority creditor's name and mailing address</b> AFCO PO BOX 4795 CAROL STREAM IL 60197-4795  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$12,423.83
3.6.	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE ENERGY LLC PO BOX 1509 ARTESIA NM 88211  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,818.34

3.7.	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE TRUCKING LLC PO BOX 1599 ARTESIA NM 88211-1599  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,378.71
3.8.	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE WELL SERVICE LLC PO BOX 1807 ARTESIA NM 88211  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$60,093.54
3.9.	<b>Nonpriority creditor's name and mailing address</b> ANDREWS PUMP AND SUPPLY INC PO BOX 329 ANDREWS TX 79714-1378  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,071.16

3.10.	<b>Nonpriority creditor's name and mailing address</b> APERGY DBA DOVER & PETROLIFT (DOVER ARTIFICIAL LIFT) 2445 TECHNOLOGY FOREST BLVD SUITE 900 THE WOODLANDS TX 77381  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,378.27
3.11.	<b>Nonpriority creditor's name and mailing address</b> ARENA ENERGY LLC 9711 N PLAINFIELD DR HOBBS NM 88242  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$89,224.01
3.12.	<b>Nonpriority creditor's name and mailing address</b> ARTS HOT OIL SERVICES LLC PO BOX 188 LOVINGTON NM 88260-0188  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$166,203.47

3.13.	<b>Nonpriority creditor's name and mailing address</b> BACKHOE SERVICES INC PO BOX 1508 ARTESIA NM 88211-1508  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,688.56
3.14.	<b>Nonpriority creditor's name and mailing address</b> BAKER HUGHES INCORPORATED PO BOX 301057 DALLAS TX 75303-1057  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$444,574.06
3.15.	<b>Nonpriority creditor's name and mailing address</b> BANK OF AMERICA PO BOX 15796 WILMINGTON DE 19886-1796  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$49,741.17

3.16.	<b>Nonpriority creditor's name and mailing address</b> BEN'S OILFIELD SERVICES LLC PO BOX 2364 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,837.91
3.17.	<b>Nonpriority creditor's name and mailing address</b> BLUE CROSS AND BLUE SHIELD OF TEXAS PO BOX 731428 DALLAS TX 75373-1428  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,163.68
3.18.	<b>Nonpriority creditor's name and mailing address</b> BO MONK PIPE TESTING COMPANY INC PO BOX 1767 HOBBS NM 88241-1767  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,957.44



3.19.	<b>Nonpriority creditor's name and mailing address</b> BORDAYO TRUCKING PO BOX 3302 HOBBS NM 88242-3302  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$57,479.00
3.20.	<b>Nonpriority creditor's name and mailing address</b> BORETS US INC PO BOX 301516 DALLAS TX 75303-1516  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,018.97
3.21.	<b>Nonpriority creditor's name and mailing address</b> BOSS TRUCKING 6473 HOUMA RD DEXTER NM 88230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,744.75

3.22.	<b>Nonpriority creditor's name and mailing address</b> BRENTCO AERIAL PATROL INC PO BOX 240 HESPERUS CO 81326-0240  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$466.54
3.23.	<b>Nonpriority creditor's name and mailing address</b> BRIDGE CAPITAL CORPORATION 2365 RICE BLVD #201 HOUSTON TX 77005  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30,605.98
3.24.	<b>Nonpriority creditor's name and mailing address</b> BRIGADE SERVICES LLC 4615 DEVARGAS STREET HOBBS NM 88242  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$31,448.31

3.25.	<b>Nonpriority creditor's name and mailing address</b> BRUNSON CHANDLER & JONES, PLLC 175 S. MAIN STREET 14TH FLOOR SALT LAKE CITY UT 84111  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,641.43
3.26.	<b>Nonpriority creditor's name and mailing address</b> BUREAU OF LAND MANAGEMENT 301 DINOSAUR TRAIL SANTA FE NM 87508  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> VARIOUS PENDING ENVIRONMENTAL ACTIONS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.27.	<b>Nonpriority creditor's name and mailing address</b> CAPROCK AIR CONDITIONING & HEATING INC PO BOX 281 116 E ALSTON HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,782.40

3.28.	<b>Nonpriority creditor's name and mailing address</b> CATAACK LLC 5325 RIDGEFIELD COURT MIDLAND TX 79707  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,000.00
3.29.	<b>Nonpriority creditor's name and mailing address</b> CENTRAL VALLEY ELECTRIC COOPERATIVE INC PO BOX 230 ARTESIA NM 88211-0230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30,509.60
3.30.	<b>Nonpriority creditor's name and mailing address</b> CESAR TRUCKING 806 W AVENUE F LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,285.64

3.31.	<b>Nonpriority creditor's name and mailing address</b> CIMCO 6310 SEVEN RIVERS HWY ARTESIA NM 88210  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$688.74
3.32.	<b>Nonpriority creditor's name and mailing address</b> COATS PUMP & SUPPLY INC PO BOX 1210 DEXTER NM 88230-1210  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$59,717.00
3.33.	<b>Nonpriority creditor's name and mailing address</b> COMMISSIONER OF PUBLIC LANDS PO BOX 1148 SANTA FE NM 87504-1148  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$44.00

3.34.	<b>Nonpriority creditor's name and mailing address</b> CRAIN HOT OIL SERVICE LLC DRAWER 2146 TROY MI 48007-5935  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$69,182.95
3.35.	<b>Nonpriority creditor's name and mailing address</b> D & C ELECTRIC LLC 1444 W BROADWAY STREET HOBBS NM 88240  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$30,920.59
3.36.	<b>Nonpriority creditor's name and mailing address</b> DANNY'S HOT OIL SERVICE INC PO BOX 682 TATUM NM 88267-0682  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$876.93

3.37.	<b>Nonpriority creditor's name and mailing address</b> DAVID CARPENTER HC 12 BOX 1209 ROSWELL NM 88201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,770.84
3.38.	<b>Nonpriority creditor's name and mailing address</b> DEANS INC 409 COMMERCE ROAD ARTESIA NM 88210  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,649.15
3.39.	<b>Nonpriority creditor's name and mailing address</b> DMC OILFIELD SERVICES LLC PO BOX 1890 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$49,500.00

3.40.	<b>Nonpriority creditor's name and mailing address</b> DOUBLE R TRANSPORTATION LLC PO DRAWER 1060 JAL NM 88252  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$58,360.33
3.41.	<b>Nonpriority creditor's name and mailing address</b> ENERGY PUMP & SUPPLY INC 2010 TROY KING ROAD FARMINGTON NM 87401  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,254.61
3.42.	<b>Nonpriority creditor's name and mailing address</b> EQUISOLVE INC 2455 E SUNRISE BLVD #1201 FT. LAUDERDALE FL 33304  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$199.00



3.43.	<b>Nonpriority creditor's name and mailing address</b> ERGOS TECHNOLOGY PARTNERS INC DEPT 186 HOUSTON TX 77210-4458  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$649.52
3.44.	<b>Nonpriority creditor's name and mailing address</b> EUNICE PUMP & SUPPLY LLC PO BOX 1468 EUNICE NM 88231-1468  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$101,510.18
3.45.	<b>Nonpriority creditor's name and mailing address</b> FIRST GRAY CORPORATION C/O E. WILL GRAY II 6 DESTA DRIVE STE 5100 MIDLAND TX 79705  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> AGREED FINAL JUDGMENT, CASE NO. 2018-48487  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

3.46.	<b>Nonpriority creditor's name and mailing address</b> G & W TRUCKING INC PO BOX 163 SNYDER TX 79550  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,185.45
3.47.	<b>Nonpriority creditor's name and mailing address</b> GANDY CORPORATION PO BOX 2140 LOVINGTON NM 88260-2140  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,529.34
3.48.	<b>Nonpriority creditor's name and mailing address</b> GANDY MARLEY INC PO BOX 1658 ROSWELL NM 88202  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,886.00

3.49.	<b>Nonpriority creditor's name and mailing address</b> GARNER PUMP & SUPPLY CO PO BOX 216 ANDREWS TX 79714  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,929.82
3.50.	<b>Nonpriority creditor's name and mailing address</b> GENERAL WELDING SUPPLY INC PO BOX 1196 LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$684.91
3.51.	<b>Nonpriority creditor's name and mailing address</b> H A NEAL INC 526 E FM 120 POTTSBORO TX 75076  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,600.00

3.52.	<b>Nonpriority creditor's name and mailing address</b> H PATRICK SEALE 14942 SANDALFOOT STREET HOUSTON TX 77095  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,795.05
3.53.	<b>Nonpriority creditor's name and mailing address</b> HAZ WELL FLOWING LLC 1523 S 1ST STREET ARTESIA NM 88210  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,481.62
3.54.	<b>Nonpriority creditor's name and mailing address</b> HILLIARD OFFICE SOLUTIONS PO BOX 52510 MIDLAND TX 79710-2510  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$296.56

3.55.	<b>Nonpriority creditor's name and mailing address</b> HOBBS ANCHOR INC PO BOX 1227 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,124.47
3.56.	<b>Nonpriority creditor's name and mailing address</b> HORSEPOWER ELECTRIC LLC PO BOX 459 LOVINGTON NM 88260-0459  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,657.08
3.57.	<b>Nonpriority creditor's name and mailing address</b> HUGHES NETWORK SYSTEMS LLC PO BOX 96874 CHICAGO IL 60693-6874  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,051.00

3.58.	<b>Nonpriority creditor's name and mailing address</b> IHS GLOBAL INC PO BOX 847193 DALLAS TX 75284-7193  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23,603.53
3.59.	<b>Nonpriority creditor's name and mailing address</b> INDEPENDENCE OILFIELD CHEMICALS LLC 1450 LAKE ROBBINS DR STE 400 THE WOODLANDS TX 77380  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.60.	<b>Nonpriority creditor's name and mailing address</b> INNOVEX DOWNHOLE SOLUTIONS INC PO BOX 204532 DALLAS TX 75320-4532  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23,895.75

3.61.	<b>Nonpriority creditor's name and mailing address</b> INSOURCE INSURANCE GROUP LLC 5108 WAYLAND DRIVE ODESSA TX 79762-5513  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,296.00
3.62.	<b>Nonpriority creditor's name and mailing address</b> INSURORS GROUP LLC DBA PREMIUM FINANCE ALLIANCE PO BOX 10587 COLLEGE STATION TX 77842-0587  <b>Date or dates debt was incurred</b> 12/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE PREMIUM FINANCING  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.63.	<b>Nonpriority creditor's name and mailing address</b> INTERGRATED CEMENT & ACID PO BOX 607 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$18,333.53

3.64.	<b>Nonpriority creditor's name and mailing address</b> J BRITT HIRTH Address Intentionally Omitted  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,409.35
3.65.	<b>Nonpriority creditor's name and mailing address</b> J C SERVICES LLC P.O. BOX 39 LOCO HILLS NM 88255-0039  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$614.08
3.66.	<b>Nonpriority creditor's name and mailing address</b> JOHN SHOMAKER & ASSOCIATES INC 2611 BROADBENT PKWY NE ALBUQUERQUE NM 87107  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$0.00



3.67.	<b>Nonpriority creditor's name and mailing address</b> JORDAN-RUBICON RESOURCES LLC 1306 WEST TEXAS AVENUE MIDLAND TX 79701	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$61,060.00
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> ACCOUNT PAYABLE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68.	<b>Nonpriority creditor's name and mailing address</b> JR ELIBERTO BURDAYO TRUCKING ON BEHALF OF BORDAYO'S TRUCKING PO BOX 3302 HOBBS NM 88242-3302	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69.	<b>Nonpriority creditor's name and mailing address</b> JUSTIN ALEXANDER 104 ENTERPRISE ROAD LOVINGTON NM 88260	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$7,050.00
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> ACCOUNT PAYABLE	
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.70.	<b>Nonpriority creditor's name and mailing address</b> KARINA RODRIQUEZ 718 W WASHINGTON AVENUE LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$316.50
3.71.	<b>Nonpriority creditor's name and mailing address</b> KC HOT OIL SERVICES LLC PO BOX 2814 HOBBS NM 88241-2814  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,855.25
3.72.	<b>Nonpriority creditor's name and mailing address</b> KEL-TECH INC DEPT 3426 DALLAS TX 75312  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$43,237.49

3.73.	<b>Nonpriority creditor's name and mailing address</b> KW FUELS INC PO BOX 1288 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$32,006.34
3.74.	<b>Nonpriority creditor's name and mailing address</b> L & E SERVICES LLC PO BOX 70 LOCO HILLS NM 88255-0070  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36,225.00
3.75.	<b>Nonpriority creditor's name and mailing address</b> L & F OILFIELD SERVICES 49 FALCON ROAD LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,592.10

3.76.	<b>Nonpriority creditor's name and mailing address</b> L F WELL SERVICE INC C/O L&F OILFIELD SERVICE LLC 49 FALCON ROAD LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,400.00
3.77.	<b>Nonpriority creditor's name and mailing address</b> LARSON & ASSOCIATES INC PO BOX 50685 MIDLAND TX 79710  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$82.00
3.78.	<b>Nonpriority creditor's name and mailing address</b> LEA COUNTY ELECTRIC COOPERATIVE INC PO BOX 1447 LOVINGTON NM 88260-1447  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$66,933.36

3.79.	<b>Nonpriority creditor's name and mailing address</b> LEA COUNTY PACKER SALES & RENTALS INC PO BOX 2646 HOBBS NM 88241-2646  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,374.00
3.80.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 7/28/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1142984 - NORTH CAPROCK CELERO QUEEN 002  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,040.00
3.81.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 7/28/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1142985 - NEWMAN 32 STATE #002  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,354.00

3.82.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 7/28/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148366 - TAYLOR #001  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$13,250.00
3.83.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 6/28/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1138677 - STATE CF #008  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,083.00
3.84.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 6/8/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1138668 - HOOD STATE #1  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,108.00

3.85.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 6/8/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1138669 - TWITTY BHF STATE #1 \$17,110  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,108.00
3.86.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 5/10/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1155305 - BRIGHT 2 STATE COM #001  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,000.00
3.87.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148433 - WEST CAP QUEEN SAND 020  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,896.00

3.88.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148434 - WEST CAP QUEEN SAND 018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,843.00
3.89.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148435 - WEST CAP QUEEN SAND 017  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,891.00
3.90.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148438 - WEST CAP QUEEN SAND 012  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,841.00



3.91.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148439 - ROCK QUEEN UNIT 002  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,095.00
3.92.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148440 - ROCK QUEEN UNIT 020  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,062.00
3.93.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148441 - ROCK QUEEN UNIT 018  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,081.00

3.94.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148442 - ROCK QUEEN UNIT 027  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,062.00
3.95.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148443 - ROCK QUEEN UNIT 009  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,064.00
3.96.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148444 - ROCK QUEEN UNIT 025  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,055.00

3.97.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148446 - N CAPROCK CELERO QUEEN 028  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,046.00
3.98.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148447 - N CAPROCK CELERO QUEEN 027  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,064.00
3.99.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148448 - N CAPROCK CELERO QUEEN 026  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,035.00

3.100.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148449 - DRICKEY QUEEN SAND UNIT 147  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,150.00
3.101.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148450 - DRICKEY QUEEN SAND UNIT 049  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,087.00
3.102.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148451 - DRICKEY QUEEN SAND UNIT 053  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,101.00

3.103.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148452 - DRICKEY QUEEN SAND UNIT 039  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,928.00
3.104.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 4/7/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1148453 - DRICKEY QUEEN SAND UNIT 041  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$7,868.00
3.105.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 3/3/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1143094 - TRIPLE TRES STATE #001 \$19,190  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,190.00

3.106.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 1/11/2019  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1154979 - BLM BOND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$250,000.00
3.107.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 12/13/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1153500 - NEWMAN 32 STATE 001  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,500.00
3.108.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 11/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1161012 - BRENDA 1  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,420.00

3.109.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 11/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1161013 - GUS STATE 1  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$17,792.00
3.110.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 11/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1161014 - NM STATE 1  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$16,900.00
3.111.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 11/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1161015 - SHELL 26 STATE 3  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$15,450.00

3.112. <b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 11/1/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1161058 - ROCK QUEEN UNIT 102  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,075.00
3.113. <b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 10/14/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1118417 NM BLM BOND - NM BLM BOND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50,000.00
3.114. <b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 10/14/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1118419 NMOCD ST PLUGGING - NM OCD STATEWIDE BOND  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$50,000.00



3.115.	<b>Nonpriority creditor's name and mailing address</b> LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206  <b>Date or dates debt was incurred</b> 10/13/2018  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> BOND NO. 1118418 NM BLNKT BOND - NM MULTI-LEASE BLANKET  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$20,000.00
3.116.	<b>Nonpriority creditor's name and mailing address</b> LOVINGTON TIRE SERVICE P.O. BOX 1858 LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$565.53
3.117.	<b>Nonpriority creditor's name and mailing address</b> LOZOYA'S TRUCKING & OILFIELD SERVICE LLC PO BOX 3229 HOBBS NM 88241-3229  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$26,851.85

3.118.	<b>Nonpriority creditor's name and mailing address</b> LS LABORATORY 2609 W MARLAND HOBBS NM 88240  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,370.41
3.119.	<b>Nonpriority creditor's name and mailing address</b> M & S PRODUCTION PO BOX 3550 HOBBS NM 88240  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$48.13
3.120.	<b>Nonpriority creditor's name and mailing address</b> M AND S SERVICES INC PO BOX 1449 LOVINGTON NM 88260-1449  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,495.38

3.121.	<b>Nonpriority creditor's name and mailing address</b> MAD MEX HOT OIL SERVICE LLC 1800 N MAIN STREET LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,900.37
3.122.	<b>Nonpriority creditor's name and mailing address</b> MCCRIGHT & ASSOCIATES LLC P.O. BOX 9098 MIDLAND TX 79708  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,641.73
3.123.	<b>Nonpriority creditor's name and mailing address</b> MESA WELL SERVICING LP PO BOX 1620 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$137,629.00

3.124.	<b>Nonpriority creditor's name and mailing address</b> MESA WELL SERVICING, LP PO BOX 1620 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.125.	<b>Nonpriority creditor's name and mailing address</b> MICO SERVICES PO BOX 147 LOVINGTON NM 88260-0147  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$22,719.87
3.126.	<b>Nonpriority creditor's name and mailing address</b> MIDLAND CENTRAL APPRAISAL DISTRICT PO BOX 908002 MIDLAND TX 79708-0002  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$77.25

3.127. <b>Nonpriority creditor's name and mailing address</b> MODRALL SPERLING ROEHL HARRIS & SISK PA PO BOX 2168 ALBUQUERQUE NM 87103-2168  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$64,202.91
3.128. <b>Nonpriority creditor's name and mailing address</b> MOTLEY SERVICES 2150 S DIXIE BLVD ODESSA TX 79766  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$304,100.39
3.129. <b>Nonpriority creditor's name and mailing address</b> NEW MEXICO ONE CALL INC 1021 EUBANK BLVD NE ALBUQUERQUE NM 87112  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$169.20

3.130.	<b>Nonpriority creditor's name and mailing address</b> NEW MEXICO STATE LAND OFFICE 310 OLD SANTE FE TRAIL SANTE FE NM 87504-1148  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,122.00
3.131.	<b>Nonpriority creditor's name and mailing address</b> ONO'S SAND BLASTING AND PAINTING LLC PO BOX 3790 HOBBS NM 88241-3790  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.132.	<b>Nonpriority creditor's name and mailing address</b> ONO'S SANDBLASTING & PAINTING LLC PO BOX 3790 HOBBS NM 88241-3790  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$83,180.33

3.133.	<b>Nonpriority creditor's name and mailing address</b> PATRIOT PIPE & SUPPLY LLC PO BOX 127 LOVINGTON NM 88260-0127  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$36.04
3.134.	<b>Nonpriority creditor's name and mailing address</b> PCS FERGUSON INC PO BOX 732131 DALLAS TX 75373-2131  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,677.20
3.135.	<b>Nonpriority creditor's name and mailing address</b> PERK ROC INC PO BOX 157 ARTESIA NM 88211-0157  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$37,500.00

3.136.	<b>Nonpriority creditor's name and mailing address</b> PERMIAN CONTROLS LLC PO BOX 25002 DALLAS TX 75225  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,378.00
3.137.	<b>Nonpriority creditor's name and mailing address</b> PINNACLE PROPANE 1612 GARDEN CITY HWY MIDLAND TX 79701  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,000.15
3.138.	<b>Nonpriority creditor's name and mailing address</b> PLIC - SBD GRAND ISLAND PO BOX 10372 DES MOINES IA 50306-0372  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,170.28



3.139.	<b>Nonpriority creditor's name and mailing address</b> PRECISION PUMP & SUPPLY PO BOX 115 LOCO HILLS NM 88255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$366,855.62
3.140.	<b>Nonpriority creditor's name and mailing address</b> PRESSURE SERVICES LLC PO BOX 234 ARTESIA NM 88211-0234  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,170.56
3.141.	<b>Nonpriority creditor's name and mailing address</b> PROFESSIONAL COMMUNICATIONS PO BOX 61830 MIDLAND TX 79711-1830  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$97.20

3.142. <b>Nonpriority creditor's name and mailing address</b> PSC FERGUSON INC PO BOX 732131 DALLAS TX 75373-2131  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,075.88
3.143. <b>Nonpriority creditor's name and mailing address</b> Q2 ARTIFICIAL LIFT SERVICES PO NBOX 436 ARTESIA NM 88210  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$29,872.00
3.144. <b>Nonpriority creditor's name and mailing address</b> R & D PIPE COMPANY 2200 LOUETTA ROAD #100 SPRING TX 77388  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$2,342.60

3.145. <b>Nonpriority creditor's name and mailing address</b> R & H RENTALS LLC 512 W TEXAS AVE ARTESIA NM 88210	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146. <b>Nonpriority creditor's name and mailing address</b> R & H RENTALS LLC 512 W TEXAS AVENUE ARTESIA NM 88210	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$23,311.21
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> ACCOUNT PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.147. <b>Nonpriority creditor's name and mailing address</b> RANCH & OILFIELD CONSTRUCTION PO BOX 2984 MIDLAND TX 79702	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$2,002.61
<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> ACCOUNT PAYABLE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.148.	<b>Nonpriority creditor's name and mailing address</b> RELIABLE WELL SERVICE INC 512 W TEXAS ARTESIA NM 88210  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$301,027.70
3.149.	<b>Nonpriority creditor's name and mailing address</b> REMANT MIDSTREAM PIPELINE COMPANY LLC C/O E. WILL GRAY II 6 DESTA DRIVE STE 5100 MIDLAND TX 79705  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> AGREED FINAL JUDGMENT, CASE NO. 2018-48487  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.150.	<b>Nonpriority creditor's name and mailing address</b> REMANT OIL OPERATING COMPANY, LLC ATTN E. WILL GRAY II CEO 6 DESTA DRIVE STE 5100 MIDLAND TX 79705  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> AGREED FINAL JUDGMENT, CASE NO. 2018-48487  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

3.151. **Nonpriority creditor's name and mailing address**

REMNANT OILFIELD SERVICES LLC  
C/O E. WILL GRAY II  
6 DESTA DRIVE  
STE 5100  
MIDLAND TX 79705

**Date or dates debt was incurred**  
  
\_\_\_\_\_**Last 4 digits of account number:****As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

AGREED FINAL JUDGMENT, CASE NO.  
2018-48487

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

3.152. **Nonpriority creditor's name and mailing address**

REMNANT RENEWABLE RESOURCES LLC  
C/O E. WILL GRAY II  
6 DESTA DRIVE  
STE 5100  
MIDLAND TX 79705

**Date or dates debt was incurred**  
  
\_\_\_\_\_**Last 4 digits of account number:****As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

AGREED FINAL JUDGMENT, CASE NO.  
2018-48487

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

3.153. **Nonpriority creditor's name and mailing address**

RENDALL SIKES PLLC  
6 DESTA DRIVE SUITE 1000  
MIDLAND TX 79705

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:****As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

ACCOUNT PAYABLE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$8,740.00

3.154. <b>Nonpriority creditor's name and mailing address</b> REYNOLDS BROTHERS REPRODUCTION 315 N COLORADO MIDLAND TX 79701  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$343.59
3.155. <b>Nonpriority creditor's name and mailing address</b> RICHARDS ENERGY COMPRESSION LLC PO BOX 2250 HOBBS NM 88240  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$3,195.62
3.156. <b>Nonpriority creditor's name and mailing address</b> RT TRUCKING LLC PO BOX 133 LOCO HILLS NM 88255-0133  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,765.39

3.157. <b>Nonpriority creditor's name and mailing address</b> RTS FINANCIAL SERVICE PO BOX 840267 DALLAS TX 75284-0267  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$4,099.88
3.158. <b>Nonpriority creditor's name and mailing address</b> RUSSELL K HALL AND ASSOCIATES INC PO BOX 80925 MIDLAND TX 79708  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$9,566.00
3.159. <b>Nonpriority creditor's name and mailing address</b> SEALE ENERGY PARTNERS LP 14942 SANDALFOOT STREET HOUSTON TX 77095  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$65,906.00

3.160.	<b>Nonpriority creditor's name and mailing address</b> SERVICE COMPRESSION LLC 2613 CO-OP DRIVE VAN BUREN AR 72956  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$11,975.18
3.161.	<b>Nonpriority creditor's name and mailing address</b> SMITH WELDING 2106 EAST 17TH ROSWELL NM 88201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$6,955.00
3.162.	<b>Nonpriority creditor's name and mailing address</b> STANDARD E&S, LLC STANDARD ENERGY SVC PIETER BERGSTEIN PRESIDENT PO BOX 2724 LUBBOCK TX 79408-2724  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



3.163.	<b>Nonpriority creditor's name and mailing address</b> STANDARD ENERGY SERVICES PO BOX 2724 LUBBOCK TX 79408-2724  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$45,833.34
3.164.	<b>Nonpriority creditor's name and mailing address</b> STATE OF NEW MEXICO OIL CONSERVATION DISTRICT 310 OLD SANTA FE TRAIL SANTA FE NM 87501  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> VARIOUS PENDING ENVIRONMENTAL ACTIONS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.165.	<b>Nonpriority creditor's name and mailing address</b> STATE OF NEW MEXICO, ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT 1220 S SAINT FRANCIS DR SANTA FE NM 87505  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> VARIOUS PENDING ENVIRONMENTAL ACTIONS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

3.166.	<b>Nonpriority creditor's name and mailing address</b> STATE TREASURER OF TEXAS PO BOX 149348 AUSTIN TX 78714-9348  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$82.02
3.167.	<b>Nonpriority creditor's name and mailing address</b> STRATEGY OILFIELD SERVICE 204 N WALNUT ST MUENSTER TX 76252  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.168.	<b>Nonpriority creditor's name and mailing address</b> STRATEGY OILFIELD SERVICES INC 204 N WALNUT STREET MUENSTER TX 76252  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$10,043.24

3.169.	<b>Nonpriority creditor's name and mailing address</b> SUMMIT ESP LLC PO BOX 21468 TULSA OK 74121  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$28,960.00
3.170.	<b>Nonpriority creditor's name and mailing address</b> T & J VALVE PO BOX 61066 SAN ANGELO TX 76906  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,728.10
3.171.	<b>Nonpriority creditor's name and mailing address</b> TEAM OIL TOOLS LP PO BOX 204532 DALLAS TX 75320-4532  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,684.74

3.172. <b>Nonpriority creditor's name and mailing address</b> THE SUPPLY STORE INC 132445 LOVINGTON HIGHWAY LOCO HILLS NM 88255  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$8,872.60
3.173. <b>Nonpriority creditor's name and mailing address</b> TRANS TEX CEMENTING SERVICES PO BOX 50455 MIDLAND TX 79710  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$23,866.55
3.174. <b>Nonpriority creditor's name and mailing address</b> TRANS TEX CEMENTING SERVICES, LLC DOUG GIVHAN PARTNER PO BOX 50455 MIDLAND TX 79710  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

3.175. <b>Nonpriority creditor's name and mailing address</b> TRIPLE S ELECTRIC INC NEAL SMITH OWNER PO BOX 1333 HOBBS NM 88241  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> STIPULATED JUDGMENT LITIGATION - D-506-CV-201801380  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$89,052.39
3.176. <b>Nonpriority creditor's name and mailing address</b> TRIPLE S ELECTRIC, INC P.O. BOX 1333 HOBBS NM 88241  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$19,052.39
3.177. <b>Nonpriority creditor's name and mailing address</b> TWIN STARS COMPRESSION LLC 100 IOWA BLOOMFIELD NM 87413  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$110,063.94

3.178.	<b>Nonpriority creditor's name and mailing address</b> UNITED STATE DEPARTMENT OF INTERIOR P.O. BOX 27115 SANTA FE NM 87502-0115  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$353.48
3.179.	<b>Nonpriority creditor's name and mailing address</b> UNITED STATES OF AMERICA OFFICE OF NATURAL RESOURCES REVENUE (ONRR) PO BOX 25627 DENVER CO 80225-0627  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> VARIOUS PENDING ENVIRONMENTAL ACTIONS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.180.	<b>Nonpriority creditor's name and mailing address</b> W H B PO BOX 698 LOVINGTON NM 88260  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$938.44

3.181.	<b>Nonpriority creditor's name and mailing address</b> WILDCAT OIL TOOLS LLC PO BOX 50592 MIDLAND TX 79710  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$54,004.53
3.182.	<b>Nonpriority creditor's name and mailing address</b> WRH INC PO BOX 6150 ROSWELL NM 88202-6150  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,882.22
3.183.	<b>Nonpriority creditor's name and mailing address</b> WS OIL AND GAS LIMITED P.O. BOX 5375 MIDLAND TX 79704  <b>Date or dates debt was incurred</b> 1/31/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> 3-2-1- PARTNERS LTD GUARANTEE AGREEMENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

3.184.	<b>Nonpriority creditor's name and mailing address</b> WS OIL AND GAS LIMITED P.O. BOX 5375 MIDLAND TX 79704  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> AGREED FINAL JUDGMENT, CASE NO. 2018-48487  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.185.	<b>Nonpriority creditor's name and mailing address</b> XCEL ENERGY PO BOX 9477 MINNEAPOLIS MN 55484  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$14,434.05
3.186.	<b>Nonpriority creditor's name and mailing address</b> ZENO OFFICE SOLUTIONS INC 5301 W LOOP 250 N MIDLAND TX 79707  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNT PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$433.62



3.187. **Nonpriority creditor's name and mailing address**

ZIMMERMAN OIL INC  
PO BOX 397  
LOVINGTON NM 88260

**Date or dates debt was incurred**

VARIOUS

**Last 4 digits of account number:****As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

ACCOUNT PAYABLE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$58,397.11

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
BAKER & HOSTETLER LLP ETHAN D CARLYLE 811 MAIN STREET SUITE 1100 HOUSTON TX 77002	Part 2 line 3.59	_____
BAKERHOSTETLER 811 MAIN STREET SUITE 1100 HOUSTON TX 77002-6111	Part 2 line 3.167	_____
CRENSHAW DUPREE & MILAM LLP TRACI D SIEBENLIST,ESQ P O BOX 64479 LUBBOCK TX 79464-4479	Part 2 line 3.16	_____
DORE LAW GROUP, PC 17171 PARK ROW SUITE 160 HOUSTON TX 77084	Part 2 line 3.124	_____
H. GRADY TERRILL - CRAIG, TERRILL, HALE & GRANTHAM LLP 9816 SLIDE ROAD SUITE 201 LUBBOCK TX 79424	Part 2 line 3.162	_____
HARRIS BEACH PLLC LEE E WOODARD 333 W WASHINGTON ST., STE 200 SYRACUSE NY 13202	Part 2 line 3.80	_____
HARRIS BEACH PLLC LEE E WOODARD 333 W WASHINGTON ST., STE 200 SYRACUSE NY 13202	Part 2 line 3.81	_____
HARRIS BEACH PLLC LEE E WOODARD 333 W WASHINGTON ST., STE 200 SYRACUSE NY 13202	Part 2 line 3.82	_____
HARRIS BEACH PLLC LEE E WOODARD 333 W WASHINGTON ST., STE 200 SYRACUSE NY 13202	Part 2 line 3.83	_____
HARRIS BEACH PLLC LEE E WOODARD 333 W WASHINGTON ST., STE 200 SYRACUSE NY 13202	Part 2 line 3.84	_____
HARRIS BEACH PLLC LEE E WOODARD 333 W WASHINGTON ST., STE 200 SYRACUSE NY 13202	Part 2 line 3.85	_____

HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.86

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.87

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.88

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.89

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.90

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.91

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.92

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HARRIS BEACH PLLC  
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333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.93

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HARRIS BEACH PLLC  
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333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.94

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.95

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.96

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.97

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.98

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SYRACUSE NY 13202

Part 2 line 3.99

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SYRACUSE NY 13202

Part 2 line 3.100

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SYRACUSE NY 13202

Part 2 line 3.101

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.102

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.103

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.104

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333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.105

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SYRACUSE NY 13202

Part 2 line 3.106

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SYRACUSE NY 13202

Part 2 line 3.107

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SYRACUSE NY 13202

Part 2 line 3.108

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HARRIS BEACH PLLC  
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SYRACUSE NY 13202

Part 2 line 3.109

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333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.110

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.111

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.112

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.113

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.114

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HARRIS BEACH PLLC  
LEE E WOODARD  
333 W WASHINGTON ST., STE 200  
SYRACUSE NY 13202

Part 2 line 3.115

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HENNIGHAUSEN & OLSEN LLP  
A J OLSEN  
P O BOX 1415  
ROSWELL NM 88202

Part 2 line 3.29

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INSOURCE INSURANCE GROUP LLC  
5108 WAYLAND DR  
ODESSA TX 79762-5513

Part 2 line 3.62

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KELLY MACK CASSELS - SANDERS, BRUIN, COLL,  
& WORLEY, PA  
701 WEST COUNTRY CLUB ROAD  
ROSWELL NM 88201

Part 2 line 3.145

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LOCKE LORD LLP  
PHILIP G EISENBERG  
600 TRAVIS ST.,STE 2800  
HOUSTON TX 77002

Part 2 line 3.80

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LOCKE LORD LLP  
PHILIP G EISENBERG  
600 TRAVIS ST.,STE 2800  
HOUSTON TX 77002

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LOCKE LORD LLP  
PHILIP G EISENBERG  
600 TRAVIS ST.,STE 2800  
HOUSTON TX 77002

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HOUSTON TX 77002

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HOUSTON TX 77002

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LOCKE LORD LLP  
PHILIP G EISENBERG  
600 TRAVIS ST.,STE 2800  
HOUSTON TX 77002

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HOUSTON TX 77002

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600 TRAVIS ST.,STE 2800  
HOUSTON TX 77002

Part 2 line 3.103

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LOCKE LORD LLP  
PHILIP G EISENBERG  
600 TRAVIS ST.,STE 2800  
HOUSTON TX 77002

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600 TRAVIS ST.,STE 2800  
HOUSTON TX 77002

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LOCKE LORD LLP  
W STEVEN BRYANT  
600 CONGRESS AVE STE 2200  
AUSTIN TX 78701

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AUSTIN TX 78701

Part 2 line 3.115

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LYNCH CHAPPELL & ALSUP  
RANDALL L ROUSE  
THE SUMMIT STE 700  
300 NORTH MARIENFELD  
MIDLAND TX 79701-4345

Part 2 line 3.29

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MCCREARY VESELKA BRAGG & ALLEN PC  
TARA LEDAY  
P O BOX 1269  
ROUND ROCK TX 78680

Part 1 line 2.16

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MORGAN LEETON, PC  
400 WEST ILLINOIS  
SUITE 120  
MIDLAND TX 79701-4310

Part 2 line 3.174

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ROSS BETTIS  
726 EAST MICHIGAN DRIVE  
SUITE 100  
HOBBS NM 88240

Part 2 line 3.68

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TOMMY D PARKER PC  
235 E BENDER STE 150  
HOBBS NM 88240

Part 2 line 3.175

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TOMMY D PARKER PC  
PO BOX 2816  
HOBBS NM 88241

Part 2 line 3.175

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ZEBAS LAW FIRM  
JOSEPH ZEBAS  
502 WEST ALTO DRIVE  
HOBBS NM 88240

Part 2 line 3.131

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Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

			Total of claim amounts
5a. Total claims from Part 1	5a.		\$19,480.21
5b. Total claims from Part 2	5b.	+	\$4,807,314.09
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$4,826,794.30

**Fill in this information to identify the case:****Debtor name:** Remnant Oil Operating, LLC**United States Bankruptcy Court for the:** Western District of Texas**Case number (if known):** 19-70107☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. **Title of contract** PERCENT OF PROCEEDS GAS PURCHASE AGREEMENT

**State what the contract or lease is for** GAS PURCHASE AGREEMENT; AGAVE CONTRACT NO. ART16 001

**Nature of debtor's interest** CONTRACT PARTY

**State the term remaining** 3/31/2021 WITH AUTOMATIC 1 - YEAR RENEWALS CANCELLABLE ON 90 - DAYS WRITTEN NOTICE

**List the contract number of any government contract** \_\_\_\_\_

AGAVE ENERGY COMPANY  
326 WEST QUAY STREET  
ARTESIA NM 88210

2.2. **Title of contract** PERCENT OF PROCEEDS GAS PURCHASE AGREEMENT

**State what the contract or lease is for** GAS PURCHASE AGREEMENT; AGAVE CONTRACT NO. ROS16 003

**Nature of debtor's interest** CONTRACT PARTY

**State the term remaining** 3/31/2021 WITH AUTOMATIC 30 - DAY RENEWALS CANCELLABLE ON 30 - DAYS WRITTEN NOTICE

**List the contract number of any government contract** \_\_\_\_\_

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**AGAVE ENERGY COMPANY  
G WILLIAMS  
105 SOUTH FOURTH ST  
ARTESIA NM 88210

2.3. **Title of contract** GROUP MANAGED HEALTH CARE, AND PHARMACY BENEFITS CONTRACT

**State what the contract or lease is for** EMPLOYEE HEALTH AND PHARMACY INSURANCE

**Nature of debtor's interest** INSURANCE PROVIDER

**State the term remaining** \_\_\_\_\_

**List the contract number of any government contract** \_\_\_\_\_

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**BLUE CROSS AND BLUE SHIELD OF TEXAS  
PO BOX 731428  
DALLAS TX 75373-1428

- 2.4. **Title of contract** AGREEMENT
- State what the contract or lease is for** GAS PURCHASE AGREEMENT; DCP CONTRACT NO. ART0806PUR
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 5/31/2017 WITH AUTOMATIC 1 - YEAR RENEWALS CANCELLABLE ON 60 - DAYS WRITTEN NOTICE
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- DCP MIDSTREAM  
5718 WESTHEIMER ROAD  
SUITE 1900  
HOUSTON TX 77057
- 2.5. **Title of contract** MASTER EQUITY LEASE AND FUEL AGREEMENT
- State what the contract or lease is for** VEHICLE AND FUEL AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** \_\_\_\_\_
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- ENTERPRISE FLEET MANAGEMENT  
KARA JONES FINANCE MANAGER  
4210 SOUTH CONGRESS AVE  
AUSTIN TX 78745
- 2.6. **Title of contract** AGENCY AGREEMENT
- State what the contract or lease is for** AGENCY AGREEMENT FOR GAS GATHERERING AND PROCESSING AGREEMENT NO. 0156WTX
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** EFFECTIVE 1/1/2018 AND CONTINUES UNTIL 30 - DAYS WRITTEN NOTICE
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- ETC FIELD SERVICES LLC  
8111 WESTCHESTER DRIVE  
SUITE 600  
DALLAS TX 75225
- 2.7. **Title of contract** AGENCY AGREEMENT
- State what the contract or lease is for** AGENCY AGREEMENT FOR GAS PURCHASING AGREEMENT NOS. L-571 AND 01P184
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 30 - DAYS WRITTEN NOTICE BY EITHER PARTY
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- ETC FIELD SERVICES LLC  
CONTRACT ADMINISTRATION  
8111 WESTCHESTER DRIVE  
SUITE 600  
DALLAS TX 75225
- 2.8. **Title of contract** CRUDE OIL PURCHASE AGREEMENT
- State what the contract or lease is for** HAULING AND CRUDE OIL PURCHASE AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** MONTH TO MONTH WITH 30 - DAYS WRITTEN NOTICE TO CANCEL
- List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- HOLLYFRONTIER REFINING AND MARKETING LLC  
10 DESTA DR  
SUITE 350  
MIDLAND TX 79705

2.9.	<b>Title of contract</b>	SOFTWARE ORDER FORM	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  IH GLOBAL INC 5430 LBJ FREEWAY SUITE 800 DALLAS TX 75240
	<b>State what the contract or lease is for</b>	FIELDIRECT SOFTWARE & SERVICES	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	12/31/2018 - RENEWED FOR 1 YEAR	
	<b>List the contract number of any government contract</b>	_____	
2.10.	<b>Title of contract</b>	BOND NO. 1142984 - NORTH CAPROCK CELERO QUEEN 002	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206
	<b>State what the contract or lease is for</b>	SURETY BOND	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	7/28/2020	
	<b>List the contract number of any government contract</b>	_____	
2.11.	<b>Title of contract</b>	BOND NO. 1142985 - NEWMAN 32 STATE #002	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206
	<b>State what the contract or lease is for</b>	SURETY BOND	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	7/28/2020	
	<b>List the contract number of any government contract</b>	_____	
2.12.	<b>Title of contract</b>	BOND NO. 1148366 - TAYLOR #001	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206
	<b>State what the contract or lease is for</b>	SURETY BOND	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	7/28/2020	
	<b>List the contract number of any government contract</b>	_____	
2.13.	<b>Title of contract</b>	BOND NO. 1138677 - STATE CF #008	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>  LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206
	<b>State what the contract or lease is for</b>	SURETY BOND	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	
	<b>State the term remaining</b>	6/28/2020	
	<b>List the contract number of any government contract</b>	_____	

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|-------|--|---|---|
| 2.14. | <b>Title of contract</b>                                   | BOND NO. 1138668 - HOOD STATE #1                | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                     |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                  |   |
|       | <b>State the term remaining</b>                            | 6/8/2020  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.15. | <b>Title of contract</b>                                   | BOND NO. 1138669 - TWITTY BHF STATE #1 \$17,110 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                     |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                  |   |
|       | <b>State the term remaining</b>                            | 6/8/2020  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.16. | <b>Title of contract</b>                                   | BOND NO. 1155305 - BRIGHT 2 STATE COM #001      | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                     |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                  |   |
|       | <b>State the term remaining</b>                            | 5/10/2020                                       |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.17. | <b>Title of contract</b>                                   | BOND NO. 1148433 - WEST CAP QUEEN SAND 020      | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                     |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                  |   |
|       | <b>State the term remaining</b>                            | 4/7/2020  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.18. | <b>Title of contract</b>                                   | BOND NO. 1148434 - WEST CAP QUEEN SAND 018      | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                     |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                  |   |
|       | <b>State the term remaining</b>                            | 4/7/2020  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |

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| 2.19. | <b>Title of contract</b>                                   | BOND NO. 1148435 - WEST CAP QUEEN SAND 017 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                   |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.20. | <b>Title of contract</b>                                   | BOND NO. 1148438 - WEST CAP QUEEN SAND 012 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                   |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.21. | <b>Title of contract</b>                                   | BOND NO. 1148439 - ROCK QUEEN UNIT 002     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                   |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.22. | <b>Title of contract</b>                                   | BOND NO. 1148440 - ROCK QUEEN UNIT 020     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                   |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.23. | <b>Title of contract</b>                                   | BOND NO. 1148441 - ROCK QUEEN UNIT 018     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                   |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |



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|-------|--|---|---|
| 2.24. | <b>Title of contract</b>                                   | BOND NO. 1148442 - ROCK QUEEN UNIT 027        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                   |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                      |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.25. | <b>Title of contract</b>                                   | BOND NO. 1148443 - ROCK QUEEN UNIT 009        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                   |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                      |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.26. | <b>Title of contract</b>                                   | BOND NO. 1148444 - ROCK QUEEN UNIT 025        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                   |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                      |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.27. | <b>Title of contract</b>                                   | BOND NO. 1148446 - N CAPROCK CELERO QUEEN 028 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                   |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                      |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.28. | <b>Title of contract</b>                                   | BOND NO. 1148447 - N CAPROCK CELERO QUEEN 027 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                   |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                      |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |

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|-------|--|--|---|
| 2.29. | <b>Title of contract</b>                                   | BOND NO. 1148448 - N CAPROCK CELERO QUEEN 026  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                    |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                 |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                       |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.30. | <b>Title of contract</b>                                   | BOND NO. 1148449 - DRICKEY QUEEN SAND UNIT 147 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                    |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                 |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                       |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.31. | <b>Title of contract</b>                                   | BOND NO. 1148450 - DRICKEY QUEEN SAND UNIT 049 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                    |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                 |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                       |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.32. | <b>Title of contract</b>                                   | BOND NO. 1148451 - DRICKEY QUEEN SAND UNIT 053 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                    |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                 |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                       |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.33. | <b>Title of contract</b>                                   | BOND NO. 1148452 - DRICKEY QUEEN SAND UNIT 039 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                    |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                 |   |
|       | <b>State the term remaining</b>                            | 4/7/2020                                       |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |

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|-------|--|--|---|
| 2.34. | <b>Title of contract</b>                                   | BOND NO. 1148453 - DRICKEY QUEEN SAND UNIT 041     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND  |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                     |   |
|       | <b>State the term remaining</b>                            | 4/7/2020   |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.35. | <b>Title of contract</b>                                   | BOND NO. 1143094 - TRIPLE TRES STATE #001 \$19,190 | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND  |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                     |   |
|       | <b>State the term remaining</b>                            | 3/3/2020   |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.36. | <b>Title of contract</b>                                   | BOND NO. 1154979 - BLM BOND                        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND  |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                     |   |
|       | <b>State the term remaining</b>                            | 1/11/2020  |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.37. | <b>Title of contract</b>                                   | BOND NO. 1153500 - NEWMAN 32 STATE 001             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND  |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                     |   |
|       | <b>State the term remaining</b>                            | 12/13/2019   |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |
|       |  |  |   |
| 2.38. | <b>Title of contract</b>                                   | BOND NO. 1161012 - BRENDA 1                        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND  |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                                     |   |
|       | <b>State the term remaining</b>                            | 11/1/2019  |   |
|       | <b>List the contract number of any government contract</b> | _____  |   |

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|-------|--|--|---|
| 2.39. | <b>Title of contract</b>                                   | BOND NO. 1161013 - GUS STATE 1             | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 11/1/2019                                  |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.40. | <b>Title of contract</b>                                   | BOND NO. 1161014 - NM STATE 1              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 11/1/2019                                  |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.41. | <b>Title of contract</b>                                   | BOND NO. 1161015 - SHELL 26 STATE 3        | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 11/1/2019                                  |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.42. | <b>Title of contract</b>                                   | BOND NO. 1161058 - ROCK QUEEN UNIT 102     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 11/1/2019                                  |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |
|       |  |  |   |
| 2.43. | <b>Title of contract</b>                                   | BOND NO. 1118417 NM BLM BOND - NM BLM BOND | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>LEXON INSURANCE COMPANY<br>2307 RIVER ROAD<br>STE 200<br>LOUISVILLE KY 40206 |
|       | <b>State what the contract or lease is for</b>             | SURETY BOND                                |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY                             |   |
|       | <b>State the term remaining</b>                            | 10/14/2019                                 |   |
|       | <b>List the contract number of any government contract</b> | _____                                      |   |

2.44.	<b>Title of contract</b>	BOND NO. 1118419 NMOC D ST PLUGGING - NM O C D STATEWIDE BOND	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SURETY BOND	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206
	<b>State the term remaining</b>	10/14/2019	
	<b>List the contract number of any government contract</b>	_____	
2.45.	<b>Title of contract</b>	BOND NO. 1118418 NM BLNKT BOND - NM MULTI-LEASE BLANKET	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	SURETY BOND	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	LEXON INSURANCE COMPANY 2307 RIVER ROAD STE 200 LOUISVILLE KY 40206
	<b>State the term remaining</b>	10/13/2019	
	<b>List the contract number of any government contract</b>	_____	
2.46.	<b>Title of contract</b>	STATEMENT OF WORK FOR OUTSOURCING SUPPORT SERVICES P2 ENERGY SOLUTIONS	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	CONSULTING AGREEMENT	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	P2ES HOLDINGS LLC NATHAN RAND GENERAL COUNSEL 1670 BROADWAY SUITE 2800 DENVER CO 80202
	<b>State the term remaining</b>	5/10/2020 WITH AUTOMATIC 1 - YEAR RENEWAL ON 90 - DAYS WRITTEN NOTICE TO CANCEL	
	<b>List the contract number of any government contract</b>	_____	
2.47.	<b>Title of contract</b>	CRUDE OIL PURCHASE CONTRACT	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	HAULING AGREEMENT - PMLP CONTRACT: 9107-1001; PMLP AMENDMENTS: JANUARY 1, 2017, MAY 1, 2017, MARCH 1, 2018, AUGUST 1, 2018	
	<b>Nature of debtor's interest</b>	CONTRACT PARTY	PLAINS MARKETING LP PO BOX 132 TYE TX 79563
	<b>State the term remaining</b>	MONTH TO MONTH WITH NOT LESS THAN 30 - DAYS WRITTEN NOTICE TO CANCEL	
	<b>List the contract number of any government contract</b>	_____	
2.48.	<b>Title of contract</b>	EMPLOYEE DENTAL INSURANCE	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
	<b>State what the contract or lease is for</b>	EMPLOYEE DENTAL INSURANCE - GROUP # 1065982	
	<b>Nature of debtor's interest</b>	INSURANCE PROVIDER	PRINCIPAL FINANCIAL GROUP ATTN LEGAL DEPT PO BOX 10372 DES MOINES IA 50392-0002
	<b>State the term remaining</b>	ON NOTICE OR FAILURE TO PAY PREMIUM	
	<b>List the contract number of any government contract</b>	_____	

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| 2.49. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EMPLOYEE LIFE AND ACCIDENTAL DEATH INSURANCE<br>EMPLOYEE LIFE INSURANCE AND ACCIDENTAL DEATH INSURANCE - GROUP # 1065982<br>INSURANCE PROVIDER<br>ON NOTICE OR FAILURE TO PAY PREMIUM<br>_____ | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>PRINCIPAL FINANCIAL GROUP<br>ATTN LEGAL DEPT<br>PO BOX 10372<br>DES MOINES IA 50392-0002 |
| 2.50. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | EMPLOYEE VISION VISION CARE EXPENSE INSURANCE<br>EMPLOYEE VISION CARE EXPENSE INSURANCE - GROUP # 1065982<br>INSURANCE PROVIDER<br>ON NOTICE OR FAILURE TO PAY PREMIUM<br>_____                | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>PRINCIPAL FINANCIAL GROUP<br>ATTN LEGAL DEPT<br>PO BOX 10372<br>DES MOINES IA 50392-0002 |
| 2.51. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | GENERAL LIABILITY POLICY NO. 15T14218<br>INSURANCE<br>INSURED<br>10/29/2019<br>_____   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ST. PAUL FIRE & MARINE<br>INSURANCE COMPANY<br>P.O. BOX 650293<br>DALLAS TX 75265-0293   |
| 2.52. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | AUTO POLICY NO. 15T14218<br>INSURANCE<br>INSURED<br>10/29/2019<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ST. PAUL FIRE & MARINE<br>INSURANCE COMPANY<br>P.O. BOX 650293<br>DALLAS TX 75265-0293   |
| 2.53. | <b>Title of contract</b><br><b>State what the contract or lease is for</b><br><b>Nature of debtor's interest</b><br><b>State the term remaining</b><br><b>List the contract number of any government contract</b> | UMBRELLA POLICY NO. 15T14218<br>INSURANCE<br>INSURED<br>10/29/2019<br>_____  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ST. PAUL FIRE & MARINE<br>INSURANCE COMPANY<br>P.O. BOX 650293<br>DALLAS TX 75265-0293   |

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|-------|--|---|---|
| 2.54. | <b>Title of contract</b>                                   | PROPERTY POLICY NO. 15T14218  | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | INSURANCE   |   |
|       | <b>Nature of debtor's interest</b>                         | INSURED   | ST. PAUL FIRE & MARINE<br>INSURANCE COMPANY<br>P.O. BOX 650293<br>DALLAS TX 75265-0293  |
|       | <b>State the term remaining</b>                            | 10/29/2019  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.55. | <b>Title of contract</b>                                   | STATE OF NEW MEXICO, ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT SETTLEMENT AGREEMENT       | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | SETTLEMENT AGREEMENT - INACTIVE WELLS 19.15.2S.8 NMAC, 19. 1S.S.9A(4) NMAC AND 19. I S.8.9.C NMAC | STATE OF NEW MEXICO, ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT<br>1220 S SAINT FRANCIS DR<br>SANTA FE NM 87505            |
|       | <b>Nature of debtor's interest</b>                         | PARTY   |   |
|       | <b>State the term remaining</b>                            | COMPLETION OF SETTLEMENT TERMS  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.56. | <b>Title of contract</b>                                   | WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY POLICY NO. UB-7J356845-18-N4-G                     | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | INSURANCE   |   |
|       | <b>Nature of debtor's interest</b>                         | INSURED   | TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA<br>ONE TOWER SQ<br>HARTFORD CT 06183   |
|       | <b>State the term remaining</b>                            | 10/29/2019  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |
|       |  |   |   |
| 2.57. | <b>Title of contract</b>                                   | LEASE AGREEMENT   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | KYOCERA TASKALFA 3050CL, SERIAL NO. N2P2305530, ID NO. 5853                                       |   |
|       | <b>Nature of debtor's interest</b>                         | CONTRACT PARTY  | ZENO OFFICE SOLUTIONS INC<br>5301 W LOOP 250 N<br>MIDLAND TX 79707  |
|       | <b>State the term remaining</b>                            | 3/4/2017 WITH AUTOMATIC 1 - YEAR RENEWAL  |   |
|       | <b>List the contract number of any government contract</b> | _____   |   |

**Fill in this information to identify the case:****Debtor name:** Remnant Oil Operating, LLC**United States Bankruptcy Court for the:** Western District of Texas**Case number (if known):** 19-70107☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. FIRST GRAY CORPORATION C/O E. WILL GRAY II	6 DESTA DRIVE STE 5100 MIDLAND TX 79705	KODIAK GAS SERVICES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. REMNANT MIDSTREAM PIPELINE COMPANY LLC C/O E. WILL GRAY II	6 DESTA DRIVE STE 5100 MIDLAND TX 79705	KODIAK GAS SERVICES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. REMNANT OIL COMPANY, LLC ATTN E. WILL GRAY II CEO	6 DESTA DRIVE STE 5100 MIDLAND TX 79705	KODIAK GAS SERVICES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. REMNANT OIL COMPANY, LLC ATTN E. WILL GRAY II CEO	6 DESTA DRIVE STE 5100 MIDLAND TX 79705	3-2-1 PARTNERS, LTD.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. REMNANT OILFIELD SERVICES LLC C/O E. WILL GRAY II	6 DESTA DRIVE STE 5100 MIDLAND TX 79705	KODIAK GAS SERVICES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6. REMNANT RENEWABLE RESOURCES LLC C/O E. WILL GRAY II	6 DESTA DRIVE STE 5100 MIDLAND TX 79705	KODIAK GAS SERVICES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. WS OIL AND GAS LIMITED C/O E. WILL GRAY II	6 DESTA DRIVE STE 5100 MIDLAND TX 79705	KODIAK GAS SERVICES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

**Debtor name:** Remnant Oil Operating, LLC

**United States Bankruptcy Court for the:** Western District of Texas

**Case number (if known):** 19-70107

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/27/2019  
MM/DD/YYYY

x /s/ E. Will Gray II

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

E. Will Gray II  
Printed name

Manager  
Position or relationship to debtor