

United States Bankruptcy Court _____ District of <u>DELAWARE (DELAWARE)</u>	PROOF OF CLAIM Chapter # <u>11</u>
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In re (Name of Debtor) CHAPARRAL ENERGY, INC.,	Case Number <u>BK-20-11947</u>
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filled pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property) Forrest "Butch" Freeman OKLAHOMA COUNTY TREASURER	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address Where Notices Should be Sent Forrest "Butch" Freeman Oklahoma County Treasurer 320 Robert S. Kerr, Rm 307 Oklahoma City, OK 73102 Telephone No. (405) 713-1300	THIS SPACE IF FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 03-52303, 30-17175	Check box if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
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1. BASIS FOR CLAIM

<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 5 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Your Social Security number _____ Unpaid compensation for services performed from _____ (date) To _____ (date)
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RECEIVED

SEP 28 2020

2. DATE DEBT WAS INCURRED ESTIMATED 2020 BUSINESS PERSONAL TAXES	3. IF COURT JUDGEMENT, DATE OBTAINED: KURTZMAN CARSON CONSULTANTS
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured priority, (3) Secured. It is possible for part of a claim to be in one category and part in another.

CHECK THE APPROPRIATE BOX OR BOXES that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

<input checked="" type="checkbox"/> SECURED CLAIM \$ <u>128,909.72</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe briefly) STATUTORY LIEN: O.S. TITLE 68 § 3101 Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>TO THE EXTENT SECURED CLAIM NOT ALLOWED</u>	Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), *earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a) (3) <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. § 507 (a) (4) <input type="checkbox"/> Up to \$1,800*of deposits toward purchase, lease, or rental property or services for personal, family, or household use -11 U.S.C. §507 (a) (4) <input type="checkbox"/> Alimony, maintenance, or support owned to a spouse, former spouse or child-11 U.S.C. §507 (a) (7) <input checked="" type="checkbox"/> Taxes or penalties or governmental units-11 U.S.C. § 507 (a) (8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507 (a) _____ * Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$128,909.72 + 18 % INTEREST PER YEAR ACCRUING ON BASE AMOUNT OF \$128,909.72 \$ See Above
(Unsecured) (Secured) (Priority)	(Total)
\$ <u>128,909.72</u>	

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date: <u>SEPTEMBER 22, 2020</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>TAMMY JONES, DEPUTY TREASURER</u>
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**FROM THE OFFICE OF
FORREST "BUTCH" FREEMAN, OKLAHOMA COUNTY TREASURER
320 ROBERT S KERR, ROOM 307
OKLAHOMA CITY, OKLAHOMA 73102
TELEPHONE NUMBER: 713-1300 FAX NUMBER: 713-7158**

TO: U.S. BANKRUTPCY COURT
DISTRICT OF DELAWARE

DATE: SEPTEMBER 22, 2020

RE: CHAPARRAL ENERGY, INC.,

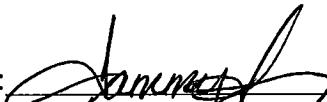
CASE NO.: BK-20-11947

DESCRIPTION OF PROPERTY:
ESTIMATED 2020 BUSINESS PERSONAL TAXES

YEAR & TYPE OF TAX	LIEN NUMBER	AMOUNT OF TAX	INTEREST FEE & COST	TOTAL
Est. 2020 Business Pers.	03-52303	103,281.89	0.00	103,281.89
Est. 2020 Business Pers.	30-17175	25,627.83	0.00	25,627.83

GRAND TOTAL \$128,909.72

DEPUTY:


Tammy Jones, Deputy Treasurer

**NOTICE: WHILE THE TREASURER'S OFFICE MAKES EVERY EFFORT TO ENSURE THE
CORRECTNESS OF THIS STATEMENT, ANY ERROR CONTAINED HEREIN DOES NOT CONSTITUTE
A WAIVER OF ANY TAX AMOUNTS BY OR FOR THE COUNTY TREASURER'S OFFICE OR THE
TAXPAYER.**