

Change of Address

Claim #2407 Date Filed: 4/14/2017

USE ONLY FOR ADMINISTRATIVE EXPENSE CLAIMS THAT AROSE ON OR AFTER MAY 9, 2016.

April 20, 2017, at 5:00 p.m. (Prevailing Eastern Time) is the deadline to file this Administrative Expense Claim Request Form.

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		ADMINISTRATIVE EXPENSE PROOF OF CLAIM FORM
Debtor against which claim is asserted: (check one) <input checked="" type="checkbox"/> Chaparral Energy, Inc. (Case No. 16-11144) <input type="checkbox"/> Chaparral Resources, L.L.C. (Case No. 16-11151) <input type="checkbox"/> CEI Acquisition, L.L.C. (Case No. 16-11146) <input type="checkbox"/> Chaparral CO2, L.L.C. (Case No. 16-11152) <input type="checkbox"/> Chaparral Exploration, L.L.C. (Case No. 16-11147) <input type="checkbox"/> Green Country Supply, Inc. (Case No. 16-11153) <input type="checkbox"/> CEI Pipeline, L.L.C. (Case No. 16-11148) <input type="checkbox"/> Chaparral Energy, L.L.C. (Case No. 16-11154) <input type="checkbox"/> Chaparral Real Estate, L.L.C. (Case No. 16-11149) <input type="checkbox"/> Roadrunner Drilling, L.L.C. (Case No. 16-11155) <input type="checkbox"/> Chaparral Biofuels, L.L.C. (Case No. 16-11150)		Administrative Expense Claim Request THIS SPACE IS FOR COURT USE ONLY.
NOTE: This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of these cases pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ADA M ROSEBROUGH TRUST UTA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: NameID: 12670816 ADA M ROSEBROUGH TRUST UTA C/O STACY KLUCKMAN 10035 DEVONWOOD CT COLORADO SPRINGS, CO 80902 Telephone number: XXXXXXXXXXXX		
Name and address where payment should be sent (if different from above): <i>Ada m Rosebrough Trust UTA</i> <i>c/o Stacy Kluckman</i> <i>1946 Villa Creek Circle</i> <i>Colorado Springs CO 80921</i> Telephone number: <i>719-200-4934</i>		<input type="checkbox"/> Check this 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 this box if you are the debtor or trustee in this case.
IMPORTANT: Please list the name and address of any property related to your claim (if applicable). Property Name: _____ Property Address: _____		
1. Basis for Claim: _____ (See instruction #2 on reverse side.)		
2. Last four digits of any number by which creditor identifies debtor: <u>5325</u>		
3. TOTAL AMOUNT OF ADMINISTRATIVE EXPENSE CLAIM: <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		\$ <u>0</u> (Total)
4. BRIEF DESCRIPTION OF CLAIM (attach any additional information):		
5. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 6. Supporting Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: DATE-STAMPED COPY: To receive an acknowledgment of the filing of your administrative expense proof of claim, enclose a stamped, self-addressed envelope and copy of this administrative expense proof of claim, or you may view your claim information by visiting the website of the Claims Agent (www.kccllc.net/ChaparralEnergy).		THIS SPACE IS FOR COURT USE ONLY.
IF PROOF OF CLAIM IS SENT BY MAIL, HAND DELIVERY, OR OVERNIGHT COURIER, SEND TO: Chaparral Claims Processing Center c/o KCC 2335 Alaska Avenue El Segundo, CA 90245 Please see instructions on back of Proof of Claim		
Date: <u>4-10-2017</u>	Signature: <u>Stacy Kluckman</u> the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



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RESIGNATION AND APPOINTMENT OF TRUSTEE

I, ROBERT F. ROSEBROUGH, hereby resigns as Trustee of the H.D. AND ADA M. ROSEBROUGH LIVING TRUST DATED NOVEMBER 2, 1983. I appoint STACY J. KLUCKMAN as Trustee of the H.D. AND ADA M. ROSEBROUGH LIVING TRUST DATED NOVEMBER 2, 1983.

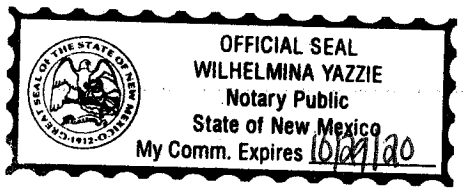
This resignation is effective as of the date reflected below.

Dated this 10th day of April, 2017.

Robert F. Rosebrough
ROBERT F. ROSEBROUGH

STATE OF NEW MEXICO)
) ss.
COUNTY OF MCKINLEY)

The foregoing was acknowledged before me this 10th day of April, 2017, by ROBERT F. ROSEBROUGH.



[Signature]
Notary Public

ACCEPTANCE

I, STACY J. KLUCKMAN, accept the position of Trustee.

Stacy J. Kluckman
STACY J. KLUCKMAN

STATE OF COLORADO)
) ss.
COUNTY OF EL PASO)

The foregoing was acknowledged before me this 7 day of April, 2017 by STACY J. KLUCKMAN.

[Signature]
Notary Public

