Case 20-3350	5 Document	175 Filed in T	TXSR on 10/10/23 Page 1 of 10 Docket #0175 Date Filed: 10/19/202				
U	UNITED STAT	FES BANKRU	JPTCY COURT				
_	SOUTHERN	DISTRICT OF	TEXAS				
	НС	DUSTON DIVISI	ION				
In re: HI CRUSH PERMIAN S	AND, LLC	\$ \$ \$	Case No. <u>20-33505</u> Lead Case No. <u>20-33495</u>				
Debtor(s)		ş	⊠ Jointly Administered				
Post-confirmation Rep	ort		Chapter 11				
Quarter Ending Date: 09/30/2023			Petition Date: <u>07/13/2020</u>				
Plan Confirmed Date: 09/23/2020			Plan Effective Date: <u>10/09/2020</u>				
This Post-confirmation Report relate	es to: 💿 Reorganiz	zed Debtor					
	Other Aut	thorized Party or Er	ntity:				
			Name of Authorized Party or Entity				

/s/ Philip M. Guffy Signature of Responsible Party

10/19/2023

Date

Philip M. Guffy Printed Name of Responsible Party

600 Travis Street, Suite 4200, Houston, Texas 77002 Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.



Case No. 20-33505

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

rt 2: Pre	2: Preconfirmation Professional Fees and Expenses							
			Approved	Approved	Paid Current	Paid		
Pro	fessional fees & expenses (bankruptcy)		Current Quarter	Cumulative	Quarter	Cumulative		
incu	urred by or on behalf of the debtor	Aggregate Total						
Iten	nized Breakdown by Firm							
	Firm Name	Role			-			
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Case No. 20-33505

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					Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total					,		
	Itemize	ed Breakdown by Firm						
		Firm Name	Role					
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UST Form 11-PCR (12/01/2021)

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c.	All professional fees and expenses (debtor & committees)				

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire			ļ
a. Is this a final report?		Yes 🔿 No 💿	
If yes, give date Final Decree was entered:			
If no, give date when the application for Final Decree is anticipated:	12/31/2023		
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. §	Yes 💿 No 🔿		

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Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/ rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

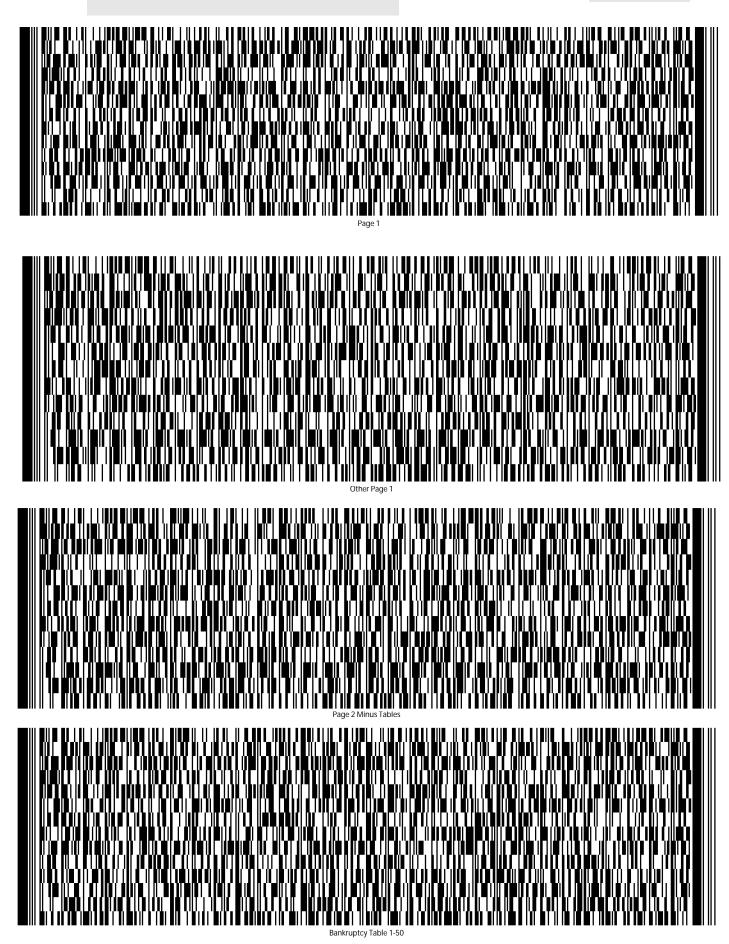
/s/ Clee Heston

Signature of Responsible Party

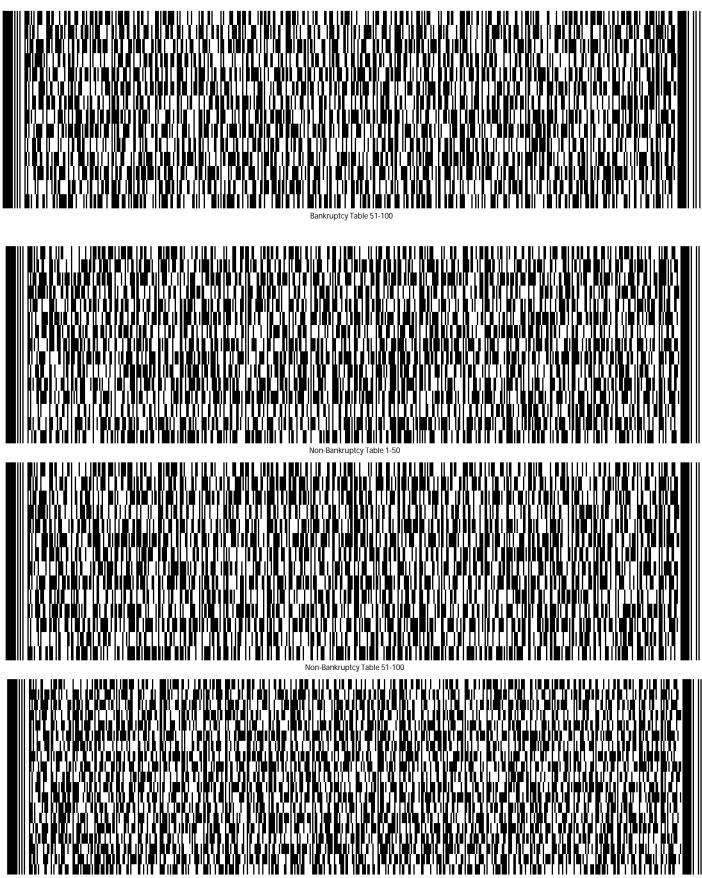
Chief Accounting Officer Title Clee Heston Printed Name of Responsible Party 10/19/2023

Date

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Part 3, Part 4, Last Page