

Fill in this information to identify the case:

Debtor 1 **FL RICH GAS SERVICES GP, LLC**Debtor 2
(Spouse, if filing)United States Bankruptcy Court for the: District of **DE**Case number **19-10722** Chapter **11**

Official Form 410

Proof of Claim 4/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both 18 U. S. C §§ 152, 157 and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1:	Identify the Claim				
1. Who is the current creditor?	<p><u>La Salle County</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>				
2. Has this claim been acquired from someone else?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes From whom? _____</p>				
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0"> <tr> <td>Where should notices to the creditor be sent?</td><td>Where should payments to the creditor be sent? (If different)</td></tr> <tr> <td>LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 711 NAVARRO STREET, STE 300 SAN ANTONIO, TX 78205 (210) 225-6763 sanantonio.bankruptcy@publicans.com</td><td>LA SALLE COUNTY PO BOX 737 COTULLA, TX 78014</td></tr> </table> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (If different)	LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 711 NAVARRO STREET, STE 300 SAN ANTONIO, TX 78205 (210) 225-6763 sanantonio.bankruptcy@publicans.com	LA SALLE COUNTY PO BOX 737 COTULLA, TX 78014
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (If different)				
LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 711 NAVARRO STREET, STE 300 SAN ANTONIO, TX 78205 (210) 225-6763 sanantonio.bankruptcy@publicans.com	LA SALLE COUNTY PO BOX 737 COTULLA, TX 78014				
4. Does this claim amend one already filed?	No.				
5. Do you know if anyone else has filed a proof of claim for this claim?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Who made the earlier filing? _____</p> <p><input checked="" type="checkbox"/> Date Stamped Copy Returned</p> <p><input type="checkbox"/> No self-addressed stamped envelope</p> <p><input type="checkbox"/> No copy to return</p>				

RECEIVED

APR 15 2019

KURTZMAN CARSON CONSULTANTS



Part 2:**Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS
7. How much is the claim?	\$ <u>\$359,755.76</u> Does this amount include interest or other charges? Yes. See attached statement itemizing interest, fees, expenses or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. AD VALOREM TAXES
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. <input checked="" type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$359,755.76</u> Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7) Amount necessary to cure any default as of the date of the petition: \$ <u>\$359,755.76</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____
12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply: <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. \$ _____ <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____ <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____ <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies \$ _____

entitled to priority.

*Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part: 3 Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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APR 15 2019

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Check the appropriate box

- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent.
☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3004.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

Executed on date 4/9/2019

/s/Don Stecker 

Print the name of the person who is completing and signing this claim:

Name : Don Stecker

Title : Attorney TXBN 19095300

Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Address : 711 NAVARRO STREET, STE 300
SAN ANTONIO, TX 78205
(210) 225-6763

sanantonio.bankruptcy@publicans.com

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
ATTORNEYS AT LAW
711 NAVARRO, SUITE 300
SAN ANTONIO, TEXAS 78205
(210) 225-6763
FAX (210) 225-6410

OLIVER S. HEARD, JR.
CO-FOUNDING PARTNER
1943-2000

April 9, 2019

KURTZMAN CARSON CONSULTANTS LLC,
CLAIMS AGENT
2335 ALASKA AVENUE
EL SEGUNDO, CA 90245

Re: **Southcross Energy Partners, L.P.; Ch.11, 19-10702**
Southcross CCNG Transmission Ltd.; Ch.11, 19-10710
Southcross CCNG Gathering Ltd.; Ch.11, 19-10709
FL Rich Gas Services GP, LLC; Ch.11, 19-10722
FL Rich Gas Services, LP; Ch.11, 19-10723

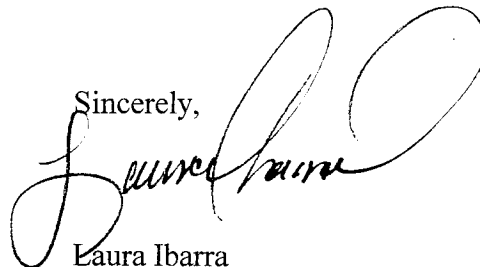
Dear Sir/Madam:

This firm represents *La Salle County, Cotulla ISD, McMullen County, Pearsall ISD, Dilley ISD and Frio Hospital District* in the collection of delinquent ad valorem taxes.

Enclosed please find our *Proof of Claim* in duplicate, to be file stamped in the above referenced Bankruptcy proceeding. **The stamped copy should be returned to this office for our records.** A stamped-self addressed envelope has been enclosed for your convenience.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura Ibarra", with a large, stylized loop at the end.

Laura Ibarra
Bankruptcy Assistant

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

IN RE:	§	
	§	CASE NO. 19-10722
FL RICH GAS SERVICES GP, LLC	§	
	§	
DEBTOR	§	CHAPTER 11
	§	

**LA SALLE COUNTY
PROOF OF CLAIM SUMMARY OF EXHIBITS**

<u>Exhibit No.</u>	<u>Account No.</u>	<u>Tax Years included in Claim</u>	<u>Amount Due</u>
1	602877	2018-2019 EST	\$1,392.49
2	603595	2018-2019 EST	\$333,810.22
3	606775	2019 EST	\$24,553.05
TOTAL:			\$359,755.76

Statement of Account

NOTICE: This is a statement of Taxes Paid & Due as of 04/08/2019 02:05:00PM based upon the tax records of the tax office.

DORA A. GONZALES, PCC
LASALLE CO. TAX OFFICE
P. O. BOX 737
COTULLA, TX 78014

Property Information

Property ID: 602877 Geo ID: 0018404-09900005
Legal Acres: 0.0000 Mineral Int. Pct.: 0.0000000000%

Legal Desc: 3921 W FM 468 99000005 0
Situs:
DBA:
Exemptions:

Owner ID: 420930 Ownership: 100.00%
FL RICH GAS SERVICES GP LLC
%PROPERTY TAX DEPARTMENT
1999 BRYAN ST STE 900
DALLAS, TX 75201-3140

Value Information

Improvement HS:	0
Improvement NHS:	0
Land HS:	0
Land NHS:	0
Productivity Market:	0
Productivity Use:	0
Assessed Value	131,990

Entity	Description	Pct.	Ex Code	Description
LC	LaSalle County	100.00%		

Paid Bills Summary

Entity	Year	Statement ID	Tax Paid	Disc/P&I Paid	Att. Fee Paid	Under/Over/Refund	Posting Date	Amount Paid
LC	2016	2313	777.71	0.00	0.00	0.00	01/07/2017	777.71
Total for Year 2016								777.71
LC	2017	23331	817.34	0.00	0.00	0.00	01/05/2018	817.34
LC	2017	23331	-817.34	0.00	0.00	0.00	03/05/2018	-817.34
LC	2017	23331	817.34	0.00	0.00	0.00	01/05/2018	817.34
Total for Year 2017								817.34

Total Paid: 1,595.05

Unpaid Bills Summary

Entity	Year	Statement ID	Tax Rate	Type	Tax Due	Disc/P&I	Attorney Fees	Total Due
LC	2018	2345	0.500000	L	659.95	72.59	0.00	732.54
Total for Year 2018					659.95	72.59	0.00	732.54

Total For All Years

659.95

72.59

0.00

732.54

Total Due if Paid By 04/30/2019

732.54

Paid Refunds Summary

No Information on File

ESTIMATED 2019 TAXES: \$659.95

Total as of April \$1,392.49

*** End of Statement ***

NOTICE: This document is not a tax certificate and does not absolve a Taxpayer from tax liability in any way. If this document is found to be in error, it may be corrected by the Collection Office listed above. Responsibility to pay the remaining taxes rests entirely with the Taxpayer, as outlined in the Texas Property Tax Code.

Statement of Account

NOTICE: This is a statement of Taxes Paid & Due as of 04/08/2019 02:05:10PM
based upon the tax records of the tax office.

DORA A. GONZALES, PCC
LASALLE CO. TAX OFFICE
P. O. BOX 737
COTULLA, TX 78014

Property Information

Property ID: 603595 Geo ID: 0018404-09900010
Legal Acres: 0.0000 Mineral Int. Pct.: 0.0000000000%
Legal Desc: 3921 W FM 468 9900010 0
Situs:
DBA:
Exemptions:

Owner ID: 420930 Ownership: 100.00%
FL RICH GAS SERVICES GP LLC
%PROPERTY TAX DEPARTMENT
1999 BRYAN ST STE 900
DALLAS, TX 75201-3140

Value Information

Improvement HS: 0
Improvement NHS: 0
Land HS: 0
Land NHS: 0
Productivity Market: 0
Productivity Use: 0
Assessed Value 31,640,780

Entity	Description	Pct.	Ex Code	Description
LC	LaSalle County	100.00%		

Paid Bills Summary									
Entity	Year	Statement ID	Tax Paid	Disc/P&I	Paid	Att. Fee Paid	Under/Over/Refund	Posting Date	Amount Paid
LC	2016	2313	214,778.44		0.00	0.00	0.00	01/07/2017	214,778.44
Total for Year 2016									214,778.44
LC	2017	23331	221,487.97		0.00	0.00	0.00	01/05/2018	221,487.97
LC	2017	23331	-221,487.97		0.00	0.00	0.00	03/05/2018	-221,487.97
LC	2017	23331	221,487.97		0.00	0.00	0.00	01/05/2018	221,487.97
Total for Year 2017									221,487.97
Total Paid:									436,266.41

Unpaid Bills Summary							
Entity	Year	Statement ID	Tax Rate	Type	Tax Due	Disc/P&I	Attorney Fees
LC	2018	2345	0.500000	L	158,203.90	17,402.42	0.00
Total for Year 2018					158,203.90	17,402.42	0.00
Total For All Years					158,203.90	17,402.42	0.00
							175,606.32

Total Due if Paid By 04/30/2019 175,606.32

Paid Refunds Summary
No Information on File.

ESTIMATED 2019 TAXES \$158,203.90

Total as of April \$333,810.22

*** End of Statement ***

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Statement of Account

NOTICE: This is a statement of Taxes Paid & Due as of 04/08/2019 02:05:33PM
based upon the tax records of the tax office.

DORA A. GONZALES, PCC
LASALLE CO. TAX OFFICE
P. O. BOX 737
COTULLA, TX 78014

Property Information

Property ID: 606775 Geo ID: 0018404-09900020
Legal Acres: 0.0000 Mineral Int. Pct.: 0.000000000%
Legal Desc: 9900020 0
Situs:
DBA:
Exemptions:

Owner ID: 420930 Ownership: 100.00%
FL RICH GAS SERVICES GP LLC
%PROPERTY TAX DEPARTMENT
1999 BRYAN ST STE 900
DALLAS, TX 75201-3140

Value Information

Improvement HS: 0
Improvement NHS: 0
Land HS: 0
Land NHS: 0
Productivity Market: 0
Productivity Use: 0
Assessed Value 4,910,610

Entity	Description	Pct.	Ex Code	Description
LC	LaSalle County	100.00%		

Paid Bills Summary

Entity	Year	Statement ID	Tax Paid	Disc/P&I Paid	Att. Fee Paid	Under/Over/Refund	Posting Date	Amount Paid
LC	2016	2313	33,849.99	0.00	0.00	0.00	01/07/2017	33,849.99
Total for Year 2016								33,849.99
LC	2017	23331	35,532.53	0.00	0.00	0.00	01/05/2018	35,532.53
LC	2017	23331	-35,532.53	0.00	0.00	0.00	03/05/2018	-35,532.53
LC	2017	23331	35,532.52	0.00	0.00	0.01	01/05/2018	35,532.53
Total for Year 2017								35,532.53
LC	2018	2345	24,553.05	0.00	0.00	0.00	02/28/2019	24,553.05
Total for Year 2018								24,553.05

Total Paid: 93,935.57

Unpaid Bills Summary
No Information on File.

Paid Refunds Summary
No Information on File.

ESTIMATED 2019 TAXES: \$24,553.05

*** End of Statement ***

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