

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

-----X
In re: : Chapter 11
: :
SUPERIOR ENERGY SERVICES, INC., *et al.*,¹ : Case No. 20-35812 (DRJ)
: :
Reorganized Debtors. : (Jointly Administered)
: :
-----X

**REORGANIZED DEBTORS’ OBJECTION
TO PROOF OF CLAIM NO. 518 (EUTIMIO GARZA)**

This is an objection to your claim. This objection asks the court to disallow the claim that you filed in this bankruptcy case. If you do not file a response within 30 days after the objection was served on you, your claim may be disallowed without a hearing.

The above-captioned reorganized debtors (collectively, the “Debtors” or “Reorganized Debtors,” as applicable) respectfully state the following in support of this claim objection (this “Objection”):

RELIEF REQUESTED

1. By this Objection, the Reorganized Debtors seek entry of an order (the “Order”), substantially in the form attached hereto, disallowing the Disputed Claim (as defined below) in its entirety because a review of the Disputed Claim shows that the Reorganized Debtors do not owe any amounts to the claimant on account of the Disputed Claim.

¹ The Reorganized Debtors in these cases, along with the last four digits of each Reorganized Debtor’s federal tax identification number, are: Superior Energy Services, Inc. (9388), SESI, L.L.C. (4124), Superior Energy Services-North America Services, Inc. (5131), Complete Energy Services, Inc. (9295), Warrior Energy Services Corporation (9424), SPN Well Services, Inc. (2682), Pumpco Energy Services, Inc. (7310), 1105 Peters Road, L.L.C. (4198), Connection Technology, L.L.C. (4128), CSI Technologies, LLC (6936), H.B. Rentals, L.C. (7291), International Snubbing Services, L.L.C. (4134), Stabil Drill Specialties, L.L.C. (4138), Superior Energy Services, L.L.C. (4196), Superior Inspection Services, L.L.C. (4991), Wild Well Control, Inc. (3477), and Workstrings International, L.L.C. (0390). The Reorganized Debtors’ address is 1001 Louisiana Street, Suite 2900, Houston, Texas 77002.

JURISDICTION AND VENUE

2. The United States Bankruptcy Court for the Southern District of Texas (the “**Court**”) has jurisdiction over this matter pursuant to 28 U.S.C. § 1334. This is a core proceeding pursuant to 28 U.S.C. § 157, and this Court may enter a final order consistent with Article III of the United States Constitution. Venue is proper pursuant to 28 U.S.C. §§ 1408 and 1409.

3. The bases for the relief requested herein are sections 105(a) and 502(b) of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the “**Bankruptcy Code**”), rule 3007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”), rule 3007-1(b) of the Bankruptcy Local Rules for the Southern District of Texas, and the Procedures for Complex Cases in the Southern District of Texas.

BACKGROUND

4. On December 7, 2020 (the “**Petition Date**”), the Debtors filed voluntary petitions for relief in this Court commencing cases (the “**Chapter 11 Cases**”) under chapter 11 of the Bankruptcy Code. The factual background regarding the Debtors, including their business operations, their capital and debt structures, and the events leading to the filing of the Chapter 11 Cases, is set forth in detail in the *Declaration of Westervelt T. Ballard, Jr., Chief Financial Officer of the Debtors, in Support of Chapter 11 Petitions and First Day Pleadings* [Docket No. 8] (the “**First Day Declaration**”), filed on the Petition Date.

5. On January 15, 2021, the Debtors filed their *First Amended Joint Prepackaged Plan of Reorganization for Superior Energy Services, Inc. and Its Affiliate Debtors Under Chapter 11 of the Bankruptcy Code* [Docket No. 263] (as may be amended, modified, or supplemented, the “**Plan**”). On January 19, 2021, the Court entered the *Order (I) Approving Disclosure Statement and (II) Confirming First Amended Joint Prepackaged Plan of Reorganization for Superior*

Energy Services, Inc. and Its Affiliate Debtors Under Chapter 11 of the Bankruptcy Code [Docket No. 289] (the “**Confirmation Order**”). On February 2, 2021, the Plan was substantially consummated, and the Effective Date (as defined in the Plan) occurred. *See Notice of Effective Date and Entry of Order Approving the Disclosure Statement and Confirming the First Amended Joint Prepackaged Plan of Reorganization for Superior Energy Services, Inc. and its Affiliate Debtors Under Chapter 11 of the Bankruptcy Code* [Docket No. 317]. The Plan provides that the Reorganized Debtors are authorized to object to scheduled claims and proofs of claim and interests. *See* Plan Article VIII.

6. On the Petition Date, Debtor Superior Energy Services, Inc. (the “**Parent**”) filed its schedules of assets and liabilities (“**Schedules**”) and statements of financial affairs, pursuant to Bankruptcy Rule 1007. *See* Docket Nos. 24 & 25.

7. On December 8, 2020, the Court issued the *Order (I) Establishing (A) Bar Dates and (B) Related Procedures for Filing Proofs of Claim Against Superior Energy Services, Inc. and (II) Approving the Form and Manner of Notice Thereof* [Docket No. 88] (the “**Bar Date Order**”) pursuant to which the Court, among other things, established January 7, 2021 at 5:00 p.m. (Prevailing Central Time) (the “**Parent Bar Date**”), as the deadline for all non-governmental entities² holding or wishing to assert a “claim” (as defined in section 101(5) of the Bankruptcy Code).

² The deadline for all governmental units asserting a “claim” (as defined in section 101(5) of the Bankruptcy Code) against the Reorganized Debtors that arose on or prior to the Petition Date to file written proof of such claim is June 7, 2021 at 5:00 p.m. (prevailing Central Time).

DISPUTED CLAIM

8. On January 12, 2021, Eutimio Garza (the “**Claimant**”) filed a proof of claim asserting a general unsecured claim against the Parent in an unliquidated amount [Claim No. 518] (the “**Disputed Claim**”), a copy of which is attached here as **Exhibit A**.

9. The Reorganized Debtors and their advisors, including Alvarez & Marsal North America, LLC (“**A&M**”), have been working diligently to review the proofs of claim filed in these cases, including any supporting documentation filed together with any proof of claim. As set forth herein and in the declaration of Jay Herriman, Managing Director, A&M (the “**Herriman Declaration**”), attached here as **Exhibit B**, the Reorganized Debtors and their advisors have thoroughly reviewed the Disputed Claim and their books and records and have determined that the Disputed Claim should be disallowed in its entirety because the Reorganized Debtors have no liability on such claim.

10. Specifically, the basis of the Disputed Claim is a workers’ compensation claim that has already been denied by the Reorganized Debtors’ insurance carrier. In the Disputed Claim, the Claimant alleges that he sustained a work-related injury on December 21, 2017 while employed by debtor Pumpco Energy Services, Inc. (“**Pumpco**”). As of this date, Pumpco was a subscriber to workers’ compensation insurance under the Texas Workers’ Compensation Act (“**TWCA**”). The Claimant further alleges that his workers’ compensation claim was denied. Included in the Disputed Claim is a copy of notice of denial dated November 21, 2018. The Disputed Claim further alleges that, in the Claimant’s opinion, the adjuster assigned to his claim “did not do her

job as effectively as she should have . . . and that the decision made on [his] claim should be reconsidered.”³

11. Even assuming that these allegations are true, under Texas law, workers’ compensation benefits are the exclusive remedy the Claimant can obtain against the Reorganized Debtors. As a result, the Reorganized Debtors have no further liability on the Disputed Claim. The Reorganized Debtors request that the Court enter an order sustaining this Objection and disallowing the Disputed Claim in its entirety.

BASIS FOR RELIEF

12. Section 502(a) of the Bankruptcy Code provides, in pertinent part, as follows: “[a] claim or interest, proof of which is filed under section 501 of [the Bankruptcy Code], is deemed allowed, unless a party in interest . . . objects.” 11 U.S.C. § 502. Moreover, section 502(b)(1) of the Bankruptcy Code provides, in relevant part, that a claim may not be allowed if “such claim is unenforceable against the debtor and property of the debtor, under any agreement or applicable law” 11 U.S.C. § 502(b)(1).

13. As set forth in Bankruptcy Rule 3001(f), a properly executed and filed proof of claim constitutes *prima facie* evidence of the validity and the amount of the claim under section 502(a) of the Bankruptcy Code. *See, e.g., In re Jack Kline Co., Inc.*, 440 B.R. 712, 742 (Bankr. S.D. Tex. 2010). A proof of claim loses the presumption of *prima facie* validity under Bankruptcy Rule 3001(f) if an objecting party refutes at least one of the allegations that are essential to the claim’s legal sufficiency. *See In re Fidelity Holding Co., Ltd.*, 837 F.2d 696, 698 (5th Cir. 1988). Once such an allegation is refuted, the burden reverts to the claimant to prove the validity of its

³ Disputed Claim p. 9.

claim by a preponderance of the evidence. *Id.* Despite this shifting burden during the claim objection process, “the ultimate burden of proof always lies with the claimant.” *In re Armstrong*, 347 B.R. 581, 583 (Bankr. N.D. Tex. 2006) (citing *Raleigh v. Ill. Dep’t of Rev.*, 530 U.S. 15 (2000)).

14. Here, the Disputed Claim is barred by the TWCA. The TWCA expressly provides that employers who obtain workers’ compensation insurance coverage for the protection of their employees are exempt from employees’ lawsuits for injuries sustained in the course and scope of their employment.⁴ “The Act’s remedy is exclusive, and an employee has no other right of action against the employer in the case of a work-related injury.”⁵ The Texas Legislature enacted the TWCA for the benefit of both the employee and the employer. The employee recovers for injuries without regard to fault, and the employer is protected against common law claims.⁶ The Disputed Claim seeks recovery from the Reorganized Debtors on account of an alleged injury sustained in the course and scope of the Claimant’s employment. Specifically, the Claimant alleges that stress from his job caused him to develop heart and stomach problems. As a result, the Claimant’s exclusive remedy lies in the procedures under the TWCA, and the Disputed Claim is unenforceable against the Reorganized Debtors.

15. Failure to disallow the Disputed Claim could result in the Claimant receiving an unwarranted recovery, to the detriment of creditors with legitimate claims. Moreover, disallowance of the Disputed Claim will enable the Reorganized Debtors to maintain a more accurate claims register.

⁴ Tex. Lab. Code §§ 406.034(a), 408.001(a).

⁵ *Jones v. Legal Copy, Inc.*, 846 S.W.2d 922, 925 (Tex. App.—Houston [1st Dist.] 1993, no writ).

⁶ *Port Elevator-Groundsville, LLC v. Casados*, 358 S.W.3d 238, 241 (Tex. 2012).

RESERVATION OF RIGHTS

16. This Objection is without prejudice to the rights of the Reorganized Debtors or any other party in interest to object to the Disputed Claim on any grounds whatsoever, and the Reorganized Debtors expressly reserve all further substantive or procedural objections they may have.

WHEREFORE, the Reorganized Debtors respectfully request that the Court enter the proposed Order, granting the relief requested herein and such other and further relief as may be just and proper.

Signed: October 28, 2021
Houston, Texas

Respectfully Submitted,

/s/ Timothy A. ("Tad") Davidson II

Timothy A. ("Tad") Davidson II (TX Bar No. 24012503)

Ashley L. Harper (TX Bar No. 24065272)

Philip M. Guffy (TX Bar No. 24113705)

HUNTON ANDREWS KURTH LLP

600 Travis Street, Suite 4200

Houston, Texas 77002

Tel: 713-220-4200

Fax: 713-220-4285

Email: taddavidson@HuntonAK.com

ashleyharper@HuntonAK.com

pguffy@HuntonAK.com

CERTIFICATE OF SERVICE

I certify that on October 28, 2021, I caused a copy of the foregoing document to be served by the Electronic Case Filing System for the United States Bankruptcy Court for the Southern District of Texas.

/s/ Timothy A. ("Tad") Davidson II

Timothy A. ("Tad") Davidson II

Exhibit A

Proof of Claim

United States Bankruptcy Court for the Southern District of Texas

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

- | | |
|--|--|
| <input type="checkbox"/> 1105 Peters Road, L.L.C. (Case No. 20-35819) | <input type="checkbox"/> Stabil Drill Specialties, L.L.C. (Case No. 20-35823) |
| <input type="checkbox"/> Complete Energy Services, Inc. (Case No. 20-35816) | <input checked="" type="checkbox"/> Superior Energy Services, Inc. (Case No. 20-35812) |
| <input type="checkbox"/> Connection Technology, L.L.C. (Case No. 20-35820) | <input type="checkbox"/> Superior Energy Services, L.L.C. (Case No. 20-35824) |
| <input type="checkbox"/> CSI Technologies, LLC (Case No. 20-35811) | <input type="checkbox"/> Superior Energy Services-North America Services, Inc. (Case No. 20-35814) |
| <input type="checkbox"/> H.B. Rentals, L.C. (Case No. 20-35821) | <input type="checkbox"/> Superior Inspection Services, L.L.C. (Case No. 20-35825) |
| <input type="checkbox"/> International Snubbing Services, L.L.C. (Case No. 20-35822) | <input type="checkbox"/> Warrior Energy Services Corporation (Case No. 20-35816) |
| <input checked="" type="checkbox"/> Pumpco Energy Services, Inc. (Case No. 20-35818) | <input type="checkbox"/> Wild Well Control, Inc. (Case No. 20-35826) |
| <input type="checkbox"/> SESI, L.L.C. (Case No. 20-35813) | <input type="checkbox"/> Workstrings International, L.L.C. (Case No. 20-35827) |
| <input type="checkbox"/> SPN Well Services, Inc. (Case No. 20-35817) | |

**Official Form 410
Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or 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.

Part 1: Identify the Claim

NameID: 14886448

| | | |
|---|---|---|
| 1. Who is the current creditor? | Garza, Eutimio Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | |
| 3. Where should notices and payments to the creditor be sent? | Where should notices to the creditor be sent? Garza, Eutimio PO Box 113 Christine, TX 78012 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) RECEIVED JAN 12 2021 KURTZMAN CARSON CONSULTANTS | Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____ |
| | Address _____ Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | |



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? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5402 Claim # WC949-DS6602

7. How much is the claim? \$ _____ Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
My claim was denied! See attachment

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.
Personal injury - Occupational disease (see attached documents!)

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
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: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

RECEIVED

JAN 12 2021

KURTZMAN CARSON CONSULTANTS

Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply.

Amount entitled to priority

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$13,650* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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.

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. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement 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 reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01 04 2021
MM / DD / YYYY

Eutimio Garza
Signature

RECEIVED

JAN 12 2021

KURTZMAN CARSON CONSULTANTS

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

Name Eutimio Garza
First name Middle name Last name

Title Retired - Busdriver for Pumpco Oil Services

Company Pumpco Oil Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box 113
Number Street

Christine TX 78012 Atascosa
City State ZIP Code Country

Contact phone 830-570-7111 Email timegarza46@gmail.com



Part 2 Question #7

As my claim was denied, I did not ascertain an amount for the claim. My understanding was that Workers' Comp disability payment would be 85% of your monthly salary.

I worked for Pumpco Energy Services from May 2014 to September 2018.

In 2017, my yearly take home pay was \$30,497.79 (\$15.00 per hour)

In 2018, my yearly take home pay was \$34,324.35 (\$17.00 per hour)

Eutimio Garza
P.O. Box 113
Christine, TX 78012

830-570-7111

NOTICE OF DENIAL OF COMPENSABILITY/LIABILITY AND REFUSAL TO PAY BENEFITS

DATE: November 21, 2018

TO: Eutimio Garza
PO BOX 113
CHRISTINE TX 78012

RE: DATE OF INJURY: 12/21/2017
NATURE OF INJURY: Multiple Physical Injuries
NOTICE OF INJURY DATE: 11/08/2018
PART OF BODY INJURED: Multiple body parts
EMPLOYEE SSN: XXX-XX-2140
DWC CLAIM #: 19141204
CARRIER NAME/TPA NAME: Helmsman Management Services, Inc.
CARRIER CLAIM #: WC949-D85602
EMPLOYER NAME: SUPERIOR ENEGRY SERVICES INC
EMPLOYER ADDRESS, CITY, STATE, ZIP: 1001 LOUISIANA ST., STE. 2900 HOUSTON TX 77002

We Helmsman Management Services, Inc. reviewed your workers' compensation claim. Based on the facts we have about your claim, we are not going to pay income or medical benefits.

We denied your claim because:

Please See Attached Narrative

Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) disagree with this decision.

Adjuster's Name: KENDELL E HARRIS
Toll Free Telephone # (800) 300-0110
Fax # / E-mail Address: (603) 334-8096

If you would like to get letters by fax or email, send your fax number or email address to me.

If we are not able to resolve an issue after you contact me:

Call the Texas Department of Insurance, Division of Workers' Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from Helmsman Management Services, Inc., and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers' Compensation. The conference will take place at a Division of Workers' Compensation office. To ask for a conference, fill out a "Request to Schedule, Reschedule, or Cancel a Benefit Review Conference" form (DWC045) - www.tdi.texas.gov/forms/dwc/dwc045brc.pdf.

If you don't have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to www.OIEC.texas.gov or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

Making a false workers' compensation claim is a crime that may result in fines or prison.

A copy of this notice was sent to:



Received Saturday 11/24/2018

Helmsman Management Services, Inc.

November 21, 2018

PO BOX 259015
PLANO TX 75025-9015

Telephone: (800) 300-0110
Fax: (603) 334-8096

Eutimio Garza
PO BOX 113
CHRISTINE TX 78012

Correspondence Copy Number: 149858650

Eutimio Garza

WC949-D85602

EXPLANATION:

11/21/2018

The clt alleges he developed stress which caused him to have heart and vascular problems. The carrier contends the employee did not suffer an occupational disease; the injury is an ordinary disease of life to which the general public is exposed outside of employment of the employer. The claimant's condition does not meet the definition of a mental trauma injury in that it is not traceable to a specific time, place or event.

*Received Saturday 11/26/2018
Monday*

Helmsman Management Services, Inc.



PO BOX 259015
PLANO TX 75025-9015

*I sent copies
of both last
pages (Authorization for the
Release of Protected Health
Information)
November 19, 2018
on Tuesday
11/27/2018*

Helmsman
Management Services LLC

Telephone: (800) 300-0110
Fax: (603) 334-8096

Eutimio Garza
PO BOX 113
CHRISTINE TX 78012

RE: Employee: Eutimio Garza
Employer: SUPERIOR ENEGRY SERVICES INC
Claim Number: WC949-D85602 State Claim Number: 19141204
Date of Injury: 12/21/2017

Dear Eutimio Garza:

In order to aid in the evaluation of your workers' compensation claim, we are requesting your signed authorization to obtain medical information.

Please complete the Medical Authorization Release Form that is enclosed and promptly return both pages.

Please contact me if you have any questions.

Thank you for your cooperation.

Sincerely,

KENDELL E HARRIS
SR CLAIMS SPECIALIST I
(800) 300-0110 55365

469-997-5365

ENCLOSURE

Your claims and payment information are available 24/7 on The Injured Worker Toolkit.
www.helmsmantpa.com/workertoolkit.

Correspondence Copy #: 369852250

Mailed to OIEC on 1-22-2019

January 22, 2019

To Whom It May Concern:

I do not know if my complaint relates to a violation of Title 5, Subtitle A of the Texas Labor Code. My complaint is that in my opinion, the adjuster, Ms. Kendell Harris, assigned to me did not do her job as effectively as she should have.

The timetable of my communications concerning my Workers' Compensation claim is as follows:

October 26, 2018: I downloaded the DWC claim form, completed it and mailed it.

November 06, 2018: I received the Texas Department of Insurance packet.

November 08, 2018: I received a phone call from Mutual of Omaha informing me that they were the insurance carrier for my employer, Pumpco Services.

November 13, 2018: I received the "Workers' Compensation Report of Injury or Illness" from Liberty Mutual. It was similar to the form I had filled out but this one had some errors on it.

November 13, 2018: I called Liberty Mutual (972-550-7899) and talked to Ms. Kendell Harris, the adjuster assigned to me. I told her that I had noticed some errors on the form "Workers' Compensation-First Report of Injury or Illness" that the insurance carrier had sent me. She replied that that was just a preliminary report and that she had not yet received the DWC Form-041 that I had initially filled out. She added that all information on the Workers' Compensation-First Report of Injury or Illness would be corrected then. She also said that she would be emailing me a medical release consent form for me to fill out and sign.

November 13, 2018: I received a voicemail from Ms. Harris. It was late in the evening when I heard it

November 14, 2018: I called Ms. Harris, in response to her voicemail from the day before. She said that she had not sent a voicemail. I asked her if she had email me the Medical Records Release form that she had said she would email. SHE APOLOGIZED AND SAID SHE HAD FORGOTTEN TO DO SO! I then asked her if she could mail it to me, she said she would that very same day. I explicitly asked her if she knew who I was and if she had my address, she said she did.

November 24, 2018: I received from Helmsman Management Services Inc. the "Notice of Denial of Compensability/Liability and Refusal to Pay Benefits (dated 11-21-2018) explaining why my claim was denied.

November 26, 2018: I received from Helmsman Management Services Inc. the Medical Authorization Release Form (dated 11-19-2018). The form which MS. HARRIS HAD PROMISED TO EMAIL ME BUT HAD FORGOTTEN!

November 28, 2018: I filled out and signed the Medical Authorization Release form.

November 29, 2018: I called Ms. Harris, the adjuster. I dialed 800-300-0110 Ext. 55365. The number was not working. I spoke to the receptionist and she gave me another number to call, 469-997-5365. She dialed it for me. A voicemail answered stating that Ms. Harris was out of her office and would not be back until the next day.

November 30,2018: I called Ms. Harris again. The voicemail stated she was out of her office or with another client. I left a message for her to call me.

December 03,2018: Again I called Ms. Harris and listened to her voicemail stating that she was out of her office or helping another client. Again I left a message to call me.

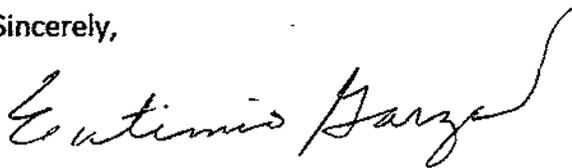
December 04, 2-18: Finally after calling her several times and getting a voicemail I received a call from Ms. Harris. I asked her if she had received the Medical Authorization Release form that I had filled out and signed. SHE SAID SHE HAD NOT! I then asked her if I could send her another one. (I had made copies). I also asked if I could fax it. She gave me a fax number. I also asked if it would help if I sent her a narrative of the working conditions at Pumpco. She said yes. The fax number she gave me was 603-334-8096.

December 06, 2018: I faxed the Medical Authorization Release form (THIS IS THE SECOND ONE I SEND, I MAILED THE FIRST ONE WHICH MS. HARRIS CLAIMS SHE NEVER RECEIVED. THIS ONE I FAXED!!!) along with the narrative.

To this day, I have not had any communication with Ms. Harris. I do not know if she has received that Medical Authorization Release form or not. Let it be known that obviously the denial of my claim was hurriedly made without any investigation. I did receive the denial letter long before I received, filled out, signed and returned the Medical Authorization Release form.

I believe that this is a matter that should be looked into and that the decision made on my claim should be reconsidered!

Sincerely,



Eutimio Garza

DWC #19141204

Insurance Carrier Name: Helmsman Management Services Inc.

Insurance Carrier Claim Number: WC949-D85602

Adjuster's Name: Kendell E. Harris

Adjuster's Telephone # 800-300-0110 Ext. 55365



Texas Department Of Insurance

Division of Workers' Compensation
 Records Processing
 7551 Metro Center Dr. Ste. 100 • MS-94
 Austin, TX 78744-1609
 (800) 252-7031 (512) 804-4378 fax www.tdi.texas.gov

DWC Claim#

Carrier Claim#

← Send the completed form to this address.

Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC Form-041)

Claim for workers' compensation must be filed by the injured employee or by a person acting on the injured employee's behalf within one year of the date of injury or within one year from the date the injured employee knew or should have known the injury or disease may be work-related.

I. INJURED EMPLOYEE INFORMATION

| | | | |
|--|---|--------------------------------------|---|
| Name (First, Middle, Last) <i>Eutimio Garza</i> | | Social Security Number [REDACTED] | Date of birth (mm/dd/yyyy) [REDACTED] |
| Address (street, city/town, state, zip code, county, country) <i>P.O. Box 113, 410 Ave. K, Christine, TX 78012, ATASCOSA County, USA</i> | | | |
| Phone Number <i>830-570-7111</i> | E-Mail address <i>eutimio.garza@yachoo.com</i> | | Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Race / Ethnicity <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander | | | |
| Do you speak English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, specify language | | | |
| Marital status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced | | | |
| Do you have an attorney or other representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of representative | | | |
| Have you returned to work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If returned to work, date returned (mm/dd/yyyy) | | Work status <input type="checkbox"/> Regular <input type="checkbox"/> Restricted |
| Occupation at time of injury <i>Bus driver</i> | | | Date of hire (mm/dd/yyyy) <i>05/12/2014</i> |
| Hired or recruited in Texas <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pre-tax wages (at the time of injury) \$ <i>17.00</i> | | <input checked="" type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> monthly |

II. INJURY INFORMATION

| | | |
|---|---|----------------|
| I am reporting an <input type="checkbox"/> injury or <input checked="" type="checkbox"/> occupational disease | Date of injury (mm/dd/yyyy) <i>12/21/2017</i> | Time of injury |
| First work day missed (mm/dd/yyyy) <i>09/28/2018</i> | Date injury was reported to the employer (mm/dd/yyyy) <i>09/28/2018</i> | |
| Where did the injury occur? County <i>ATASCOSA</i> State <i>TEXAS</i> Country <i>USA</i> | | |
| If accident occurred outside of Texas, on what date did you leave Texas? (mm/dd/yyyy) | | |
| Witness(es) to the injury (list by name) | | |
| Describe cause of injury or occupational disease, including how it is work related <i>HEART & DIGESTIVE DISEASE due to stress caused by shift driving over a long period of time</i> | | |
| Body part(s) affected by the injury <i>HEART & STOMACH</i> | | |
| If injury is the result of an occupational disease: | | |
| 1. On what date was the employee last exposed to the cause of the occupational disease? (mm/dd/yyyy) <i>09/13/2018</i> | | |
| 2. When did you first know occupational disease was work related? (mm/dd/yyyy) <i>10/02/2018</i> | | |

III. EMPLOYER INFORMATION (at the time of injury)

| | |
|---|---|
| Employer name <i>PUMPO ENERGY SERVICES</i> | Employer address (street, city/town, state, zip code, county, country) <i>436 Co. Rd. 429, Pleasanton, TX 78064, ATASCOSA, USA</i> |
| Employer phone number <i>830-569-2098</i> | Supervisor name <i>Michael Dishman</i> |

IV. DOCTOR INFORMATION

| | |
|---|-------------------------------------|
| Name of treating doctor <i>DR. CHUN W TAN</i> | Phone number <i>830-569-4063</i> |
| Address (street, city/town, state, zip code) <i>1808 Highway 97E, Jourdanton TX 78026</i> | |
| Name of workers' compensation health care network, if any | |

Eutimio Garza

Signature of injured employee or person filling out this form on behalf of injured employee

10/26/2018

Date

Eutimio Garza

Printed name of injured employee or person filling out form on behalf of injured employee



Information about Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC Form-041)

A claim for Workers' Compensation benefits must be filed with the Division of Workers' Compensation (Division) by the injured employee (you), or by a person acting on the injured employee's (your) behalf within one year of the injury or within one year from the date you knew or should have known the injury or disease may be work related; UNLESS good cause exists for the failure to timely file a claim, or the employer or the employer's insurance carrier does not contest the claim.

Upon receipt of your completed DWC Form-041, or other notice of your injury, the Division will create a claim and establish a DWC claim number for you, and the Division will mail information regarding workers' compensation in Texas to you. The Division will also notify your employer and the employer's workers' compensation insurance carrier.

SPECIAL INSTRUCTIONS AND INFORMATION FOR COMPLETING THE DWC Form-041

General Instructions

- Complete all boxes in the DWC Form-041.
- If you have questions about completing this form, please call your local Division Field Office at 1-800-252-7031.

Injured Employee Information

- Work Status information
 - If you have returned to your regular job and you are performing the same duties as you were before your injury, check the "Regular" box.
 - If you have been released to work with restrictions by a doctor, check "Restricted."

Injury Information

- An injury is damage to your body that was caused by a single incident, accident, or event.
- An occupational disease is an illness or injury related to or caused by the work you do, and may include injuries to your body that are the result of repetitive activities you performed on the job over a period of time.

Employer Information

- Provide information about your employer at the time you were injured.

Doctor Information

- If you already have a workers' compensation treating doctor, provide the name and address of the doctor.
- If you are covered under a workers' compensation healthcare network, provide the name of the network.

Contacting Texas Department of Insurance, Division of Workers' Compensation

If you have questions about filling out this form or workers' compensation in Texas, please call your local Division Field Office at 1-800-252-7031.

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; get and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the Corrections Procedure section at www.tdi.texas.gov.

01/05/2021

To Whom It May Concern:

I am filing this claim in good faith! Your consideration of this claim will be greatly appreciated!

Besides developing acid reflux and other stomach problems, I also had had shortness of breath and chest pains. I had to have 4 stents placed in 4 arteries which were 95% blocked. This was in December 2017.

All these physical problems developed during the second half of 2017 during a time when working conditions became very toxic. My injury was not an ordinary disease of life (as claimed by the insurance company). It occurred during my employment at Pumpco.

I was a high school teacher for 40 years from 1968 to 2009 and never had any serious diseases such as these!

Sincerely,
Eutimio Garza

Primary Physician: Vuong, Thomas

Patient: Garza, Eutimio DOB: [REDACTED] Sex: Male Tel: 830-784-3265

Report Name: OPERATIVE REPORT

Report Status: Signed

REPORT

METHODIST HOSPITAL SOUTH

1905 TEXAS 97

JOURDANTON, TX 78026

PATIENT'S NAME: GARZA, EUTIMIO JR

UNIT NO: BA0023590

DOB: 02/18/46 AGE: 72 SEX: M

ACCOUNT NO: BA80012853

ATTENDING PHY: Dr. Ashwini Kumar, MD

PT TYPE: DEP SDC

REPORT TYPE: OPERATIVE REPORT

ROOM NO: BED:

DATE OF ADMISSION:

DATE OF DISCHARGE: 03/22/18

DATE OF SURGERY: 03/22/2018

SURGEON:

Ashwini Kumar, M.D.

PROCEDURES PERFORMED

- 1. Esophagogastroduodenoscopy with biopsy.
- 2. Colonoscopy with biopsy using cold forceps.
- 3. Colonoscopy with biopsy using hot forceps.

ANESTHESIA

Moderate sedation.

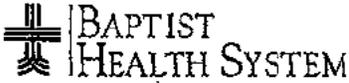


REGISTRATION RECORD



| | | | | | | | | | | | | | | | | |
|--|--|---|--|--|-----------------------------|---------------------------------------|---|---|---|-----------------------------------|--------------------|-------------------------------|----------------------------|--------------------------------|----------------------------------|--|
| ACCOUNT NO. D1734600456 | | ADMISSION DATE / TIME 12/21/17 0703 | | F.C. MG | DATE OF BIRTH [REDACTED] | AGE 71Y | SEX M | RACE 1 M | MS ETH M | SERVICE STATION OPP DOS | ROOM NO. - | ACC. | PAT TYPE DOS | BY MLS | UNIT NUMBER 0004370060 | |
| ADMITTING DOCTOR 3918 TAN,CHUN WANG Y (830)569-4003 | | | | ATTENDING DOCTOR 3918 TAN,CHUN WANG Y (830)569-4003 | | | | PRIMARY CARE PHYS RLAND,MICHAEL | | | | ADM TYPE/SOURCE 3 2 | | ARRIVAL MODE WALK IN | | |
| PATIENT | PATIENT NAME AND ADDRESS GARZA,EUTIMIO PO BOX 113 CHRISTINE TX 78012-0113 | | | | ENTITLE JR | SOC-SEC-NO [REDACTED] | PATIENT EMPLOYER RETIRED | | | | HOW LONG | | TELEPHONE NO. | | | |
| | | | | | | TELEPHONE NO. (830)784-3265 | <i>Bus driver for Pumpco Oil Services</i> | | | | | | OCCUPATION | | | |
| GUARANTOR | GUARANTOR NAME AND ADDRESS GARZA,EUTIMIO PO BOX 113 CHRISTINE TX 78012-0113 | | | | | SOC-SEC-NO [REDACTED] | GUARANTOR EMPLOYER RETIRED | | | | | | TELEPHONE NO. | | | |
| | | | | | | TELEPHONE NO. (830)784-3265 | | | | | | | OCCUPATION | | | |
| INSURANCE | INSURANCE 1 BCBS POS OR FEDERAL P O BOX 660044 DALLAS TX 75266 | | | | (800)442-4607 | | | | INSURANCE 2 | | | | | | | |
| | GROUP NAME: SUPERIOR ENE | | | | GROUP NUMBER: 092737 | | | | | | | | | | | |
| POLICY NUMBER: CJT848430254 | | | | APPROVAL#: NOPOR | | | | | | | | | | | | |
| POLICYHOLDER/RELATION: GARZA,EUTIMIO | | | | | | | | | | | | | | | | |
| RELAT | RELATIVE 1 GARZA,TOMASITA PO BOX 113 CHRISTINE TX 78012-0113 | | | | (830)570-7978 | | | | RELATION WIFE | | | | RELATIVE 1 EMPLOYER | | | |
| | | | | | | | | | | | | | EMPLOYER PHONE | | | |
| MISC | DIAGNOSIS/COMPLAINT ANGINA I20.9 | | | | PREVIOUS ADMIT NAME/DATE | | | | ARRIVAL DATE / TIME 12/21/17 0703 | | | | SMK/PUB/VAL N N | | | |
| | ALLERGY Refer to EHR | | | | | | | | ORGAN DONOR | | ADV DIR | | PAT CLA | | DENOM BAP | |
| | COMMENTS | | | | | | | | ACCIDENT WK. REL. NO | | ACCIDENT DATE/TIME | | LANGUAGE ENGLISH | | | |





**DISCLOSURE AND CONSENT
NON-SURGICAL CARDIOVASCULAR &
RADIOLOGY PROCEDURES**

12/11/17
MM DD YY

GARZA, EUTIMIO
 URN: 0004370060
 Acct Nr: D1734600456
 M [REDACTED]
 71Y
 12/21/17

**TEXAS MEDICAL DISCLOSURE PANEL
LIST "A" OF PROCEDURES**

Procedures requiring full disclosure. The following treatments and procedures require full disclosure by the physician or health care provider to the patient or person authorized to consent for the patient.

With my initials, I hereby authorize the hospital to release my Social Security number to the manufacturer of any implanted or explanted medical device.

- A. Non Surgical — Coronary angioplasty, coronary stent insertion, pacemaker insertion, AICD insertion, and cardioversion.**
1. Injury to or occlusion (blocking) of artery which may require immediate surgery or other intervention.
 2. Hemorrhage (severe bleeding).
 3. Damage to parts of the body supplied by the artery with resulting loss of use or amputation (removal of body part).
 4. Worsening of the condition for which the procedure is being done.
 5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
 6. Contrast-related; temporary blindness or memory loss (for studies of the blood vessels of the brain).
 7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
 8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Acute myocardial infarction (heart attack).
 11. Rupture of myocardium (hole in wall of heart).
 12. Life threatening arrhythmias (irregular heart rhythm).
 13. Need for emergency open heart surgery.
 14. Sudden death.
 15. Device related delayed onset infection (infection related to the device that happens sometime after the procedure).

INITIALS

 PATIENT WITNESS

- B. Diagnostic:**
- I. Cardiac catheterization.**
1. Injury to or occlusion (blocking) of artery which may require immediate surgery or other intervention.
 2. Hemorrhage (severe bleeding).
 3. Damage to parts of the body supplied by the artery with resulting loss of use or amputation (removal of body part).
 4. Worsening of the condition for which the procedure is being done.
 5. Stroke and/or seizure (for procedures involving blood vessels supplying the spine, arms, neck or head).
 6. Contrast-related; temporary blindness or memory loss (for studies of the blood vessels of the brain).
 7. Paralysis (inability to move) and inflammation of nerves (for procedures involving blood vessels supplying the spine).
 8. Contrast nephropathy (kidney damage due to the contrast agent used during procedure).
 9. Thrombosis (blood clot forming at or blocking the blood vessel) at access site or elsewhere.
 10. Acute myocardial infarction (heart attack).
 11. Contrast nephropathy (injury to kidney function due to use of contrast material during procedure).
 12. Heart arrhythmias (irregular heart rhythm), possibly life threatening.
 13. Need for emergency open heart surgery.

INITIALS

 PATIENT WITNESS



**DISCLOSURE AND CONSENT
NON-SURGICAL CARDIOVASCULAR &
RADIOLOGY PROCEDURES**

12, 21, 17
MM DD YY

GARZA, EUTIMIO M
URN: 0004370060 71Y
Acct Nr: D1734600456 12/21/17



TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your informed consent to the procedure.

I understand that the following surgical, medical and/or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedure(s) which have been explained to me as (state the name of the operation and/or procedure in medical and lay terms):

Left Heart Catheterization With Possible Percutaneous Coronary Intervention

I voluntarily request Dr. TAN as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

Angina

I understand that other important aspects of the procedure will be conducted by practitioner(s) other than my primary surgeon/practitioner as follows:

| TASK | TITLE OF PRACTITIONER PERFORMING TASK |
|------|---------------------------------------|
| | |
| | |
| | |

These TASKS will be performed related to surgery, in accordance with the hospital's policies. Qualified Medical Professionals who are not physicians who will perform important parts of the surgery or administration of anesthesia will be performing only tasks that are within their scope of practice, as determined under state law and regulation, and for which they have been granted privileges or approval through the Hospital Medical Staff Bylaws or Hospital procedures.

I understand that my physician may discover other or different conditions which require additional or different procedures than those planned.

I authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgement.

I agree to the presence of persons in the operating room to include vendors and students for the purpose of learning or providing technical advise as approved by my physician.

BLOOD TRANSFUSIONS:

The benefits, drawbacks/risks, potential problems related to recuperation, possible results of not receiving blood and any significant alternatives have been explained to me. It has been explained to me that emergencies may arise when it may not be possible to make adequate cross matching tests, and that immediate need may make it necessary to use existing stock of blood which may not include the most compatible blood types or it may be necessary to utilize additional units beyond any autologous units I have donated or directed units donated for me.

I understand that potential risks associated with an infusion of blood and/or blood products may include fever, transfusion reaction and transmission of infectious diseases. Transfusion reaction may include kidney failure, heart failure or anemia. Infectious disease transmission may include Hepatitis and HIV (the AIDS virus). Although all blood units that I may receive have been subject to a variety of standardized and recognized laboratory tests, it is possible that a very small percentage of units may be infected. I understand that the alternatives to receiving blood and/or blood products include autologous donations, directed donations and not receiving blood or blood products.

I understand that the attending physician or his associates shall be responsible only for the performance of their own professional acts, and the blood typing and the selection of compatible blood are the responsibility of a blood bank, or those who actually perform the necessary laboratory tests. I consent to the infusion of blood or blood products, including blood exchanges for infant(s), if applicable, as the physician shall deem necessary, except for (note any exclusions):

The content of this document has been explained to me, and I have had the opportunity to have my questions answered. I understand that all treatments and procedures have benefits and some risks associated with them. Based on the information provided and the conversation with my doctor:

DT Patient's Initials I DO consent to the use of blood and blood products as deemed necessary. I understand the risks and hazards associated with the use of blood and blood products. I understand the alternatives to blood transfusion when blood or blood products are needed.

-OR-

_____ Patient's Initials I DO NOT consent to the use of blood and blood products as deemed necessary. I understand the risks and hazards associated with the use of blood and blood products. I understand the alternatives to blood transfusion when blood or blood products are needed.

The risks, benefit, and alternatives to the transfusion of blood and blood products have been explained by my physician.

RISK AND HAZARDS

I understand that no warranty or guarantee has been made to me as to the result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.

I also realize that the following risks and hazards may occur in connection with this particular procedure: _____

NON-ANESTHESIOLOGIST ANESTHETIC/SEDATION PLAN: (Check all that apply)

Injection of Local Anesthetic Minimum Sedation Moderate Sedation Deep Sedation

I understand that regardless of the type of anesthetic or sedation used, there are a number of common foreseeable risks and consequences that may occur including, but not limited to: sore throat and hoarseness, nausea and vomiting, muscle soreness, injury to the eyes, dental damage (including fracture or loss of teeth, bridgework, dentures, crowns and fillings, and laceration of the gums or lips), changes in blood pressure, allergic/drug reaction, awareness during the procedure or treatment, injury to my baby if pregnant, cardiac arrest, breathing difficulties, heart problems, seizures, memory dysfunction, memory loss, brain damage, nerve damage or paralysis, permanent organ damage, or death. In order to lessen the discomfort associated with my planned procedure or treatment, I am voluntarily requesting the administration of the anesthetic and/or sedation as noted above fully knowing the possible associated complications and that the anesthetic/sedation plan can be modified, or extended during the procedure or treatment due to the development of conditions that may require modifying or extending this consent in the best interest of my medical condition without explanation to me.



* 4 C N T *

Exhibit B

Herriman Declaration

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

-----X
 In re: : Chapter 11
 :
 SUPERIOR ENERGY SERVICES, INC., *et al.*,¹ : Case No. 20-35812 (DRJ)
 :
 Reorganized Debtors. : (Jointly Administered)
 :
 -----X

DECLARATION OF JAY HERRIMAN IN SUPPORT OF REORGANIZED DEBTORS’ OBJECTION TO PROOF OF CLAIM NO. 518 (EUTIMIO GARZA)

I, Jay Herriman, hereby declare under penalty of perjury:

1. I am a Managing Director with Alvarez & Marsal North America, LLC, (“A&M”), a restructuring advisory services firm with numerous offices throughout the country.² I, along with my colleagues at A&M, have been engaged by the Reorganized Debtors to provide various restructuring and financial services. In my current position with the Reorganized Debtors, I am responsible for all claims management related matters. I am generally familiar with the Reorganized Debtors’ day-to-day operations, financing arrangements, business affairs, and books and records that reflect, among other things, the Reorganized Debtors’ liabilities and the amount

¹ The Reorganized Debtors in these cases, along with the last four digits of each Reorganized Debtor’s federal tax identification number, are: Superior Energy Services, Inc. (9388), SESI, L.L.C. (4124), Superior Energy Services-North America Services, Inc. (5131), Complete Energy Services, Inc. (9295), Warrior Energy Services Corporation (9424), SPN Well Services, Inc. (2682), Pumpco Energy Services, Inc. (7310), 1105 Peters Road, L.L.C. (4198), Connection Technology, L.L.C. (4128), CSI Technologies, LLC (6936), H.B. Rentals, L.C. (7291), International Snubbing Services, L.L.C. (4134), Stabil Drill Specialties, L.L.C. (4138), Superior Energy Services, L.L.C. (4196), Superior Inspection Services, L.L.C. (4991), Wild Well Control, Inc. (3477), and Workstrings International, L.L.C. (0390). The Reorganized Debtors’ address is 1001 Louisiana Street, Suite 2900, Houston, Texas 77002.

² Capitalized terms used but not otherwise defined in this Declaration have the meanings given to them in the Objection.

thereof owed to their creditors as of the Petition Date. I am above 18 years of age, and I am competent to testify.

2. I submit this declaration (this “**Declaration**”) in support of the *Reorganized Debtors’ Objection to Proof of Claim No. 518 (Eutimio Garza)* (the “**Objection**”) and am directly, or by and through the Reorganized Debtors’ advisors and personnel, familiar with the information contained therein and the Disputed Claim. I am authorized to submit this declaration on the Reorganized Debtors’ behalf. Except as otherwise indicated, all facts set forth in this Declaration are based upon my personal knowledge of the Reorganized Debtors’ operations and finances, information learned from my review of relevant documents, and information I have received from other members of the Reorganized Debtors’ management, the Reorganized Debtors’ employees or the Reorganized Debtors’ advisors. As to matters regarding state and federal law, including bankruptcy law, I have relied on the advice of counsel. If I were called upon to testify, I could and would testify competently to the facts set forth in this Declaration on that basis.

3. To the best of my knowledge, information, and belief, insofar as I have been able to ascertain after reasonable inquiry, considerable time and resources have been expended to ensure a high level of diligence in reviewing and reconciling the proofs of claim filed against the Reorganized Debtors in the chapter 11 cases. In evaluating the Disputed Claim, the Reorganized Debtors and/or their advisors thoroughly reviewed the Reorganized Debtors’ books and records and the Disputed Claim (as well as any supporting documentation) and have determined that the Disputed Claim should be disallowed in its entirety for the reasons set forth in the Objection. Failure to do so could result in the Claimant receiving an unwarranted recovery—to the detriment of creditors with legitimate claims. Thus, I believe that disallowance of the Disputed Claim is appropriate.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge, information, and belief.

Dated: October 28, 2021

Respectfully submitted,

/s/ Jay Herriman

Jay Herriman, Managing Director
Alvarez & Marsal North America, LLC

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

-----X
 In re: : Chapter 11
 :
 SUPERIOR ENERGY SERVICES, INC., *et al.*,¹ : Case No. 20-35812 (DRJ)
 :
 Reorganized Debtors. : (Jointly Administered)
 :
 -----X

**ORDER SUSTAINING REORGANIZED DEBTORS’
OBJECTION TO PROOF OF CLAIM NO. 518 (EUTIMIO GARZA)**
[Relates to Docket No. __]

Upon the objection (the “**Objection**”)² of the above-captioned reorganized debtors (collectively, the “**Reorganized Debtors**”) seeking entry of an order (this “**Order**”) disallowing the Disputed Claim, all as more fully set forth in the Objection; and the Court having jurisdiction over this matter pursuant to 28 U.S.C. § 1334; and it appearing that this is a core proceeding pursuant to 28 U.S.C. § 157(b)(2); and it appearing that the Court may enter a final order consistent with Article III of the United States Constitution; and it appearing that venue of this proceeding and the Objection in this district is proper pursuant to 28 U.S.C. §§ 1408 and 1409; and it appearing that notice of the Objection and opportunity for a hearing on the Objection were appropriate under the circumstances and no other notice need be provided; and the Court having reviewed the

¹ The Reorganized Debtors in these cases, along with the last four digits of each Reorganized Debtor’s federal tax identification number, are: Superior Energy Services, Inc. (9388), SESI, L.L.C. (4124), Superior Energy Services-North America Services, Inc. (5131), Complete Energy Services, Inc. (9295), Warrior Energy Services Corporation (9424), SPN Well Services, Inc. (2682), Pumpco Energy Services, Inc. (7310), 1105 Peters Road, L.L.C. (4198), Connection Technology, L.L.C. (4128), CSI Technologies, LLC (6936), H.B. Rentals, L.C. (7291), International Snubbing Services, L.L.C. (4134), Stabil Drill Specialties, L.L.C. (4138), Superior Energy Services, L.L.C. (4196), Superior Inspection Services, L.L.C. (4991), Wild Well Control, Inc. (3477), and Workstrings International, L.L.C. (0390). The Reorganized Debtors’ address is 1001 Louisiana Street, Suite 2900, Houston, Texas 77002.

² Capitalized terms used herein but not defined shall have the meanings ascribed to such terms in the Objection.

Objection; and all responses, if any, to the Objection having been withdrawn, resolved, or overruled; and the Court having determined that the legal and factual bases set forth in the Objection establish just cause for the relief granted herein; and upon all of the proceedings had before this Court; and after due deliberation and sufficient cause appearing therefor, it is **HEREBY**

ORDERED THAT:

1. The Disputed Claim (Claim No. 518) is disallowed in its entirety.
2. Kurtzman Carson Consultants LLC, as claims agent, is authorized and directed to update the claims register maintained in these chapter 11 cases to reflect the relief granted in this Order.
3. The Reorganized Debtors and Kurtzman Carson Consultants LLC are authorized to take all actions necessary to effectuate the relief granted pursuant to this Order in accordance with the Objection.
4. This Court shall retain exclusive jurisdiction to resolve any dispute arising from or related to this Order.

Signed: _____, 2021

DAVID R. JONES
UNITED STATES BANKRUPTCY JUDGE