

Fill in this information to identify the case:

Debtor 1 **COBALT INTERNATIONAL ENERGY, INC.**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **Southern** District of TX

Case number **17-36709-11**

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 style="text-align: center;"><u>Cypress - Fairbanks ISD</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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Where should notices to the creditor be sent? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@publicans.com </td> <td style="width: 50%; vertical-align: top;"> Where should payments to the creditor be sent? (If different) CYPRESS - FAIRBANKS ISD 10494 JONES RD RM 106 HOUSTON, TX 77065 </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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@publicans.com	Where should payments to the creditor be sent? (If different) CYPRESS - FAIRBANKS ISD 10494 JONES RD RM 106 HOUSTON, TX 77065
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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>		



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: _____ <p style="text-align: center;">SEE ATTACHED EXHIBITS</p>	
7. How much is the claim?	\$ <u>\$47,283.05</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. <p style="text-align: center;">AD VALOREM TAXES</p>	
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: _____ SEE ATTACHED EXHIBITS _____ <u>Basis for perfection: 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>\$47,283.05</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>\$47,283.05</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: _____	

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. <i>Check one:</i>	
	<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. 11 U.S.C. § 507(a)(4).	\$ _____
	<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)(<u> </u>) that applies	\$ _____	
<p><small>*Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.</small></p>		

Part: 3 Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p><i>Check the appropriate box</i></p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.</p>
	<p>I understand that an authorized signature on this <i>Proof of Claim</i> 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.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>Executed on date 12/15/2017</p> <p>/s/Tara L. Grundemeier </p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name : Tara L. Grundemeier</p> <p>Title : Attorney TXBN 24036691</p> <p>Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP</p> <p>Address : PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400</p> <p style="text-align: right;">houston_bankruptcy@publicans.com</p>

2017 TAX STATEMENT
CYPRESS-FAIRBANKS



DAVID PIWONKA
CYPRESS-FAIRBANKS ISD TAX ASSESSOR - COLLECTOR
10494 JONES RD, SUITE 106
HOUSTON, TEXAS 77065
(281) 664-6300

Certified Owner:
COBALT INTERNATIONAL ENERGY
920 MEMORIAL CITY WAY STE 100
HOUSTON, TX 77024-2649

Legal Description:
Stored Pipe
INV
AT DRIL-QUIP

Legal Acres: 0
Parcel Address: 6401 N ELDRIDGE PKY
As of Date: 12/15/2017 Print Date: 12/15/2017

Account No: 206-787-8

Market Value		Market Value	Appraised Value	Homesite Value	Agricultural Market Value	Non-Qualifying Value
Land	Improvement					
\$0	\$3,283,545	\$3,283,545	\$3,283,545	\$0	\$0	\$3,283,545

Taxing Unit	Delinq. Date	Appraised Value	Exemptions		Taxable Value	Tax Rate	2017 Tax
			Code	Value			
CYPRESS-FAIRBANKS ISD	02/01/18	\$3,283,545		\$0	\$3,283,545	1.440000	\$47,283.05

2017 Total Due: \$47,283.05

Exemptions :

AMOUNT DUE IF PAID BY THE END OF:

01/01/2018 0%	01/31/2018 0%	02/28/2018 7%	04/02/2018 9%	04/30/2018 11 + 20%	05/31/2018 13 + 20%
\$47,283.05	\$47,283.05	\$50,592.86	\$51,538.52	\$62,981.03	\$64,115.82

PLEASE CONTACT THE HARRIS COUNTY APPRAISAL DISTRICT AT 713 957-7800 CONCERNING ANY CORRECTIONS OF OWNERSHIP, VALUATION OR EXEMPTIONS. OFFICE HOURS AT CYPRESS-FAIRBANKS ISD TAX OFFICE ARE: 7:30 AM-4:30 PM MONDAY THRU THURSDAY, 7:30 AM-4:00 PM FRIDAY. IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

School Information :	
CYPRESS-FAIRBANKS ISD	2017 M&O 1.0400000 I&S .40000000 Total 1.4400000 2016 M&O 1.0400000 I&S .40000000 Total 1.4400000

TO PAY BY CREDIT CARD: WWW.CFISDTAX.COM OR 1-866-728-2168 (ENGLISH), 1-866-728-2169 (SPANISH)

PLEASE CUT AT THE DOTTED LINE AND RETURN THIS PORTION WITH YOUR PAYMENT.

Print Date: 12/15/2017

Due by JAN 31: \$47,283.05

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:

DAVID PIWONKA, TAX ASSESSOR-COLLECTOR

CYPRESS-FAIRBANKS



* 2 0 6 7 8 7 8 *

206-787-8

COBALT INTERNATIONAL ENERGY
920 MEMORIAL CITY WAY STE 100
HOUSTON, TX 77024-2649

AMOUNT PAID:
\$ _____