

Fill in this information to identify the case:

Debtor Cobalt International Energy, Inc.

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 17-36709

**Official Form 410
Proof of Claim**

04/16

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 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Air Resources Limited for Sajid Sahgal
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?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

| Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) |
|---|---|
| <u>Air Resources Limited for Sajid Sahgal</u> <u>Francis Adesina</u> <u>3050 Post Oak Blvd, Suite 1450</u> <u>Houston, TX 77056, USA</u> | |
| Contact phone <u>713-328-4560</u> | Contact phone _____ |
| Contact email <u>francis.adesina@airswift.com</u> | Contact email _____ |

(see summary page for notice party information)
Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?** No
 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?** No
 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: US01 _____

7. How much is the claim? \$ 26,904.00. 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).

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.
Services Performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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.)
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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

| | Amount entitled to priority |
|---|-----------------------------|
| <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)() that applies. | \$ _____ |

* 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.

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 03/13/2018
MM / DD / YYYY

/s/Francis Adesina
Signature

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

Name Francis Adesina
First name Middle name Last name

Title Legal Counsel

Company Airswift
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1782 | International (310) 751-2682

| | | |
|--|---|----------------------------------|
| Debtor: 17-36709 - Cobalt International Energy, Inc. District: Southern District of Texas, Houston Division | | |
| Creditor: Air Resources Limited for Sajid Sahgal Francis Adesina 3050 Post Oak Blvd, Suite 1450 Houston, TX, 77056 USA Phone: 713-328-4560 Phone 2: Fax: Email: francis.adesina@airswift.com | Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement: Has Related Claim: Yes Related Claim Filed By: Filing Party: Authorized agent | |
| Disbursement/Notice Parties: Dionnedre Moore 3050 Post Oak Blvd. Houston, TX, 77056 Phone: Phone 2: Fax: E-mail: dionnedre.moore@airswift.com | | |
| Other Names Used with Debtor: | Amends Claim: No Acquired Claim: Yes | |
| Basis of Claim: Services Performed | Last 4 Digits: Yes - US01 | Uniform Claim Identifier: |
| Total Amount of Claim: 26,904.00 | Includes Interest or Charges: No | |
| Has Priority Claim: No | Priority Under: | |
| Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No | Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured: | |
| Submitted By: Francis Adesina on 13-Mar-2018 3:09:54 p.m. Pacific Time Title: Legal Counsel Company: Airswift | | |

Invoice To

Please Send Remittance To

Cobalt International Energy LP
Attn: Accounts Payable Department
920 Memorial City Way
Suite 100
Houston Texas 77024-2649
U.S.A

Air Resources Limited
4th Floor, Delphian House
Riverside, New Bailey Street
Manchester., M3 5FS. United Kingdom
Email: remittances@airswift.com

Tel +44 (0)870 112 9444
Fax +44 (0)870 112 9445
VAT No: GB 700 8087 60

Registered Number
1427732

| Date | Authorisation No | Account Number | Invoice Number | Invoice |
|------------|------------------|----------------|----------------|---------|
| 12/17/2017 | | COBALUS01 | 16031379 | |

| Description | Amount |
|--|------------|
| Purchase Order: OPS-1232538 AFE: 17-117 AP Approval Route: SCM_PERSONNEL Supervisor Name: John Lindley Period/End 12/03/2017 T/S USB000242469 Sajid Sahgal Day Rate W/E 12/3 5.00 Days @ 1416.00/ Day | 7,080.00 Z |
| Purchase Order: OPS-1232538 AFE: 17-117 AP Approval Route: SCM_PERSONNEL Supervisor Name: John Lindley Period/End 12/17/2017 T/S USB000247390 Sajid Sahgal Day Rate W/E 12/17 5.00 Days @ 1416.00/ Day | 7,080.00 Z |

| Code | Basis | Rate | Amount | Net |
|----------------------|-----------|-------|--------|------------------------|
| Z | 14,160.00 | 0.00% | 0.00 | 14,160.00 |
| | | | | VAT 0.00 |
| Invoice Total | | | | (USD) 14,160.00 |

Please make payment by US Dollar (USD) transfer to:

Beneficiary: Air Resources Ltd
Bank: Barclays Bank plc
Leicester. LE87 2BB
UNITED KINGDOM

Sort Code: 20-32-53
Account No.: 83781577
IBAN: GB04 BARC 2032 5383 7815 77
BIC/SWIFT: BARCGB22

AirSwift 2017 Timesheet - Bi-Weekly

Day Rate or Hourly Paid



Client Company:
 Client Order Number:

Consultant Name:

Email to: financeusa@airswift.com or Fax to: +1 713-456-2126

Select Period Start Date: Period Ending:
 Timesheet Due (by 12pm): Pay Date:

Check One:
 Hourly Rate
 Day Rate
 Assignment Continuing
 Assignment Ended (last timesheet)

| Project Name | Line Item # (If Applicable) | Purchase Order | Regular Hours | | | | | | | | | | | | | | Grand Total | |
|-------------------------------------|-----------------------------|-------------------|--|----------|--------------|----------|----------|----------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|-----------|
| | | | MON 12/4 | TUE 12/5 | WED 12/6 | THU 12/7 | FRI 12/8 | SAT 12/9 | SUN 12/10 | Week 1 Subtotal | MON 12/11 | TUE 12/12 | WED 12/13 | THU 12/14 | FRI 12/15 | SAT 12/16 | | SUN 12/17 |
| North Platte | | OPS-1232538 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8.00 | 8.00 | 6.00 | 0.00 | 0.00 | 38.00 | 38.00 |
| | | AFE 17-117 | | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | GL Code: 8450.104 | | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | | | | | | 0.00 | 0.00 |
| TOTAL HOURS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8.00 | 8.00 | 6.00 | 0.00 | 0.00 | 38.00 | 38.00 |
| | | | Overtime Hours | | | | | | | | | | | | | | | |
| | | | 0.00 | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | 0.00 | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | 0.00 | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | 0.00 | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Other Claims (Le Per Diems) | | | | | | | | | | | | | | | |
| | | | 0.00 | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | 0.00 | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | 0.00 | | | | | | | | | | | | | | 0.00 | 0.00 |
| | | | Work Location - Mandatory: (Specify location where work was performed) | | | | | | | | | | | | | | | |
| Travel (If Yes mark with an "X") | | | Houston | Houston | Houston | Houston | Houston | Houston | Houston | Houston | Houston | Houston | Houston | Houston | Houston | Houston | | |
| Onshore (If Yes mark with an "X") | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| Offshore (If Yes mark with an "X") | | | | | | | | | | | | | | | | | | |
| ALLOWANCE CLAIMS | | | CITY | | MONTH | | | | | | | | | | | | | |
| TRAVEL Allowance | | | | | | | | | | | | | | | | | | |
| Mobilization/De-mobilization | | | | | | | | | | | | | | | | | | |

| | | | |
|---|--|---------------------------------|--|
| Consultant Signature | | Client Manager Signature | |
| Date | 12/18/2017 | Client Manager Name | Mickey Dark |
| Telephone Number | 832-795-5668 | Telephone Number | (713) 457-4334 |
| Email Address | sajid.sahgal@hotmail.com | Email Address | Mickey.Dark@cobaltintl.com |
| Consultant Signature | | Date: | |
| | | 12/18/2017 | |
| Timesheet Comments | | | |
| GL Code: 8450.104 - Consultants; AP Approval Route: SCM_Personnel | | | |



Invoice To

Cobalt International Energy LP
 Attn: Accounts Payable Department
 920 Memorial City Way
 Suite 100
 Houston Texas 77024-2649
 U.S.A

Please Send Remittance To

Air Resources Limited
 4th Floor, Delphian House
 Riverside, New Bailey Street
 Manchester., M3 5FS. United Kingdom
 Email: remittances@airswift.com

Tel +44 (0)870 112 9444
Fax +44 (0)870 112 9445
VAT No: GB 700 8087 60

Registered Number
 1427732

| Date | Authorisation No | Account Number | Invoice Number | Invoice |
|------------|------------------|----------------|----------------|---------|
| 01/09/2018 | | COBALUS01 | 16031766 | |

| Description | Amount |
|--|------------|
| Purchase Order: OPS-1232538 AFE: 17-117 AP Approval Route: SCM_PERSONNEL Period/End 12/31/2017 T/S USB000250383 Sajid Sahgal Day Rate W/E 12/24 4.00 Days @ 1416.00/ Day Supervisor Name: John Lindley | 5,664.00 z |

| Code | Basis | Rate | Amount | Net | Amount |
|----------------------|----------|-------|--------|--------------|-----------------|
| Z | 5,664.00 | 0.00% | 0.00 | VAT | 0.00 |
| Invoice Total | | | | (USD) | 5,664.00 |

Please make payment by US Dollar (USD) transfer to:

Beneficiary: Air Resources Ltd
 Bank: Barclays Bank plc
 Leicester. LE87 2BB
 UNITED KINGDOM

Sort Code: 20-32-53
 Account No.: 83781577
 IBAN: GB04 BARC 2032 5383 7815 77
 BIC/SWIFT: BARCGB22



Invoice To

Please Send Remittance To

Cobalt International Energy LP
 Attn: Accounts Payable Department
 920 Memorial City Way
 Suite 100
 Houston Texas 77024-2649
 U.S.A

Air Resources Limited
 4th Floor, Delphian House
 Riverside, New Bailey Street
 Manchester., M3 5FS. United Kingdom
 Email: remittances@airswift.com

Tel +44 (0)870 112 9444
 Fax +44 (0)870 112 9445
 VAT No: GB 700 8087 60

Registered Number
 1427732

| Date | Authorisation No | Account Number | Invoice Number | Invoice |
|------------|------------------|----------------|----------------|---------|
| 01/11/2018 | | COBALUS01 | 16031775 | |

| Description | Amount |
|---|--------------------------|
| Purchase Order: OPS-1232538 AFE: 17-117 AP Approval Route: SCM_PERSONNEL Period/End 01/09/2018 T/S USB000255238 Sajid Sahgal Day Rate W/E 1/7 3.00 Days @ 1416.00/ Day Day Rate through 1/9 2.00 Days @ 1416.00/ Day Supervisor Name: John Lindley | 4,248.00 Z 2,832.00 Z |

| Code | Basis | Rate | Amount | Net | Amount |
|------|----------|-------|--------|----------------------------|-----------------|
| Z | 7,080.00 | 0.00% | 0.00 | | 7,080.00 |
| | | | | VAT | 0.00 |
| | | | | Invoice Total (USD) | 7,080.00 |

Please make payment by US Dollar (USD) transfer to:

Beneficiary: Air Resources Ltd
 Bank: Barclays Bank plc
 Leicester. LE87 2BB
 UNITED KINGDOM

Sort Code: 20-32-53
 Account No.: 83781577
 IBAN: GB04 BARC 2032 5383 7815 77
 BIC/SWIFT: BARCGB22

