

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/cobalt>.

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 checked="" type="checkbox"/> Cobalt International Energy, Inc. (Case No. 17-36709)	<input type="checkbox"/> Cobalt International Energy, LP (Case No. 17-36711)	<input type="checkbox"/> Cobalt GOM #1 LLC (Case No. 17-36713)
<input type="checkbox"/> Cobalt International Energy GP, LLC (Case No. 17-36710)	<input type="checkbox"/> Cobalt GOM LLC (Case No. 17-36712)	<input type="checkbox"/> Cobalt GOM #2 LLC (Case No. 17-36714)

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. 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		
1. Who is the current creditor?	<u>ANN BLISS</u> 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? 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>ANN BLISS</u> Name <u>P.O. BOX 2428 PMB 1908</u> Number Street <u>PENSACOLA FL 32513</u> City State ZIP Code <u>USA</u> Country Contact phone <u>941-739-7743</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Name _____ Number Street _____ City State ZIP Code _____ Country _____ Contact phone _____ Contact email _____
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? _____	

RECEIVED
MAR 21 2018

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? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

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).

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.

Bond Horizon

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.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

- Fixed
- Variable

RECEIVED
 MAR 21 2018

KURTZMAN CARSON CONSULTANTS

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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$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). \$ _____
- 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). \$ _____
- 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 4/01/19 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 3/14/18
MM DD YYYY

Alan Bluss
 Signature

RECEIVED
 MAR 21 2018

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

KURTZMAN CARSON CONSULTANTS

Name Ann Bluss
First name Middle name Last name

Title _____

Company _____

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

Address PO Box 2428 PMB11908
Number Street
PENSACOLA FL 32513
City State ZIP Code Country

Contact phone 941-739-7743 Email _____

CONFIRMATION
DATED 07/23/14

Account Number ~~XXXXXXXXXX~~
YOUR FINANCIAL ADVISOR
FRANK ALBANO

631-773-5400 / 866-425-2266

GKTCF104 000973
ANN BLISS
PMB11908
PO BOX 2428
PENSACOLA FL 32513-2428



IF YOU WOULD LIKE TO ENROLL IN OUR ACCESS ONLINE SERVICE OR SIGN UP TO RECEIVE THIS
CONFIRMATION ELECTRONICALLY, VISIT US AT WWW.WELLSFARGOADVISORS.COM.

BOUGHT	QUANTITY	PRICE	PRINCIPAL
COBALT INTL ENERGY INC CONV SR UNSECURED CPN 2.625% DUE 12/01/19 DTD 12/17/12 FC 06/01/13	20,000	92.750000000	18,550.00
SECURITY NUMBER 5829-698	ACCOUNT TYPE CASH	ACCRUED INTEREST	83.13
CUSIP 19075F-AA-4	TRADE DATE 07/23/14	TRANSACTION FEE	7.00
SOLICITED	SETTLEMENT DATE 07/28/14	NET AMOUNT	\$18,640.13

MARKET: PRINCIPAL.

SECURITY INFORMATION: THIS SECURITY RECEIVED A CREDIT WORTHINESS RATING BELOW WHAT IS CONSIDERED INVESTMENT GRADE BY A RECOGNIZED CREDIT RATING AGENCY. SUCH SECURITIES HAVE BEEN DEFINED BY SUCH AGENCIES AS, ON BALANCE, PREDOMINANTLY SPECULATIVE WITH RESPECT TO ABILITY TO PAY INTEREST AND REPAY PRINCIPAL. AS SUCH, THESE SECURITIES ARE SUBJECT TO SPECIAL RISKS OR PRICE AND VALUE DECLINE DUE TO INTEREST RATE FLUCTUATIONS AND TO DEVELOPMENTS WITH THE ISSUER. SOME INVESTORS ACCEPT SUCH RISKS IN RETURN FOR ANTICIPATED HIGHER YIELDS. SEMI-ANNUALLY PAY. S&P CCC-.

YIELD INFORMATION: 4.152%. YIELD TO MATURITY DATE.

INVESTMENT PRODUCTS AND SERVICES ARE OFFERED THROUGH WELLS FARGO ADVISORS FINANCIAL NETWORK, LLC, (WFAFN) MEMBER FINRA/SIPC. WFAFN USES THE TRADE NAME WELLS FARGO ADVISORS. BROKERAGE ACCOUNT(S) CARRIED BY FIRST CLEARING, LLC, MEMBER FINRA/SIPC. ANY REFERENCED ENTITY IS A SEPARATE ENTITY FROM WFAFN AND FIRST CLEARING, SEPARATE REGISTERED BROKER-DEALERS AND NON-BANK AFFILIATES OF WELLS FARGO & COMPANY.

Investments and insurance products are: **NOT FDIC-INSURED** **NO BANK GUARANTEE** **MAY LOSE VALUE**

For Address Correction And Payment Due Instructions Please Refer To Contact Information On Page 2 Of This Confirmation
072 RB RB01