Fill in this information to identify the case:					
Debtor 1	Extraction Oil & Gas Inv				
Debtor 2 (Spouse, if filin	g)				
United State	s Bankruptcy Court for the: District of Delaware	$\blacksquare$			
Case numbe	20-11548				

## 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. 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.

1.	Who is the current creditor?	Alliance Source Testing LLC  Name of the current creditor (the person or entity to be paid for this claim)						
			, ,	,	,			
2	Has this claim been		tor used with the debi					
	acquired from someone else?	☑ Yes. From whom?						
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
		Alliance Source Testing LLC						
	Federal Rule of Bankruptcy Procedure	Name			Name			
1	(FRBP) 2002(g)	255 Grant St SI	E Suite 600					
	(* * * * * * * * * * * * * * * * * * *	Number Street			Number Stree	t		
		Decature	AL	35601				
	RECEIVED	City	State	ZIP Code	City	State	ZIP Code	
	440000	Contact phone 256-	351-0121		Contact phone		_	
	'JUN 1 6 2020	Contact email tyler.rudman@stacktest.com			Contact email			
TZP	MAN CARSON CONSULTANTS	Uniform claim identifie	r for electronic payme	ents in chapter 13 (if you u	ise one):			
					,			
4.	Does this claim amend one already filed?	☑ No						
		☐ Yes. Claim number on court claims registry (if known) _			Filed on			
5.	Do you know if anyone else has filed a proof	☑ No						
1	of claim for this claim?	Yes. Who mad	e the earlier filing?					

201154820061600000000054

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?	40,282.75. Does this amount include interest or other charges?					
		☐ 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).					
		disclosing information that is entitled to privacy, such as health care information.					
		Air Emission Testing & Oil/Gas Lab Analysis					
9.	Is all or part of the claim secured?	☑ No ☐ Yes. The claim is secured by a lien on property.					
		Nature of property:					
		<ul> <li>□ 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.</li> <li>□ Motor vehicle</li> <li>□ Other. Describe:</li> </ul>					
		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 amounts should match the amount in line 7.)					
RECEIVED		Amount necessary to cure any default as of the date of the petition: \$					
	'JUN 16 2020	Amount Interest Date (when seed was filed)					
KURTZMAN CARSON CONSULTANTS		Annual Interest Rate (when case was filed)%  □ Fixed □ Variable					
10	. Is this claim based on a	☑ No					
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.					
11	. Is this claim subject to a	☑ No					
	right of setoff?	☐ Yes. Identify the property:					

12. Is all or part of the claim	<b>☑</b> No		****	·····	***************************************		
entitled to priority under		one.					Amount entitled to priority
11 U.S.C. § 507(a)?	Yes. Check one:					Amount endited to priority	
A claim may be partly priority and partly	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).					\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	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).					\$	
Similar to priority	bankrup			\$13,650*) earned v s business ends, w			\$
	☐ Taxes o	or penalties owed to	o governmenta	al units. 11 U.S.C.	§ 507(a)(8).		\$
	☐ Contrib	utions to an emplo	yee benefit pla	in. 11 U.S.C. § 507	′(a)(5).		\$
	Other. S	Specify subsection	of 11 U.S.C. §	507(a)() that ap	pplies.		\$
	* Amounts a	* 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.					
Part 3: Sign Below							
The person completing	Check the appro	priate box:				·	
this proof of claim must sign and date it.	☑ I am the creditor.						
FRBP 9011(b).	=	editor's attorney or	authorized ag	ent.			
If you file this claim	_		_	orized agent. Bankı	uptcy Rule 3	3004.	
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules							
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the						
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	and correct.						rmation is true
years, or both. 18 U.S.C. §§ 152, 157, and							
<b>3571</b> .	Executed on dat	e 06/15/2020					
RECEIVED	Signature	affer				_	
0%EGE1AFF	Print the name	of the person wh	o is completi	ng and signing th	is claim:		
JUN 16 2020	Name	Tyler Rudma	ın	Middle name		Last name	
KURTZMAN CARSON CONSULTAN	TS Fitle	CFO					
	Company						
Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  255 Grant St SE Suite 600							
	Addiess		Street				
		Decatur			AL	35601	
And the state of t		City			State	ZIP Code	• • • •
	Contact phone	256-351-012	:1	_	<sub>Email</sub> tyl	er.rudman@:	stacktest.com