

Fill in this information to identify the case:

Debtor Hi-Crush Inc.

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

Case number 20-33495

**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 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?	<u>Alpha and Omega Contract Sales and Consulting</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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	See summary page	See summary page
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>432-276-5885</u>	Contact phone <u>432-276-5885</u>
	Contact email <u>kerri.welborn@alphaomegan2.com</u>	Contact email <u>kerri.welborn@alphaomegan2.com</u>
	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: ____ _

7. How much is the claim? \$ 7638.48. 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.
Equipment Rented and 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: \$ 7638.48
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)?

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 \$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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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 4/01/22 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.

\$ 5377.19

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 07/23/2020
MM / DD / YYYY

/s/Kerri Welborn
Signature

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

Name Kerri Welborn
First name Middle name Last name

Title Controller

Company Alpha and Omega Contract Sales and Consulting
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) 554-5810 | International (781) 575-2032

Debtor: 20-33495 - Hi-Crush Inc. District: Southern District of Texas, Houston Division		
Creditor: Alpha and Omega Contract Sales and Consulting 300 S Grant Odessa, TX, 79761 USA Phone: 432-276-5885 Phone 2: Fax: 432-552-8171 Email: kerri.welborn@alphaomegan2.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: Alpha and Omega Contract Sales and Consulting PO Box 433 Odessa, TX, 79760 USA Phone: 432-276-5885 Phone 2: Fax: 432-552-8171 E-mail: kerri.welborn@alphaomegan2.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Equipment Rented and Services Performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 7638.48	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: 7638.48 Amount of 503(b)(9): Yes: 5377.19 Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Real Estate Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Kerri Welborn on 23-Jul-2020 2:22:28 p.m. Eastern Time Title: Controller Company: Alpha and Omega Contract Sales and Consulting		

Alpha & Omega CS & C Inc.
 PO Box 433
 Odessa, TX 79760
 (432) 276-5885
 kerri.welborn@alphaomega
 n2.com



INVOICE

BILL TO

Hi-Crush Inc.
 1330 Post Oak Blvd, Suite 600
 Houston, TX 77056

INVOICE # ER-3745-001
DATE 05/22/2020
DUE DATE 06/21/2020
TERMS Net 30

AFE/PO
 LK0520.23

CUSTOMER
 Les Kelso

WELL/LOCATION
 Kermit Facility

ACTIVITY	QTY	RATE	AMOUNT
Equipment Rental:AOML003 Manlift Rental, Hours Out 842.0, Hours In 847.1, 05/19/2020 thru 05/20/2020	1	1,000.00	1,000.00T
Equipment Rental:ER-0006 Equipment Delivery	63.30	7.85	496.91T
Equipment Rental:ER-0004 Fuel Charge	9.70	6.95	67.42T
Equipment Rental:ER-0007 Equipment Pick Up	63.30	7.85	496.91T
Taxable Amount TX Heavy Equipment Diesel Surcharge	1	30.00	30.00

SUBTOTAL 2,091.24
 TAX (8.25%) 170.05
 TOTAL 2,261.29
BALANCE DUE \$2,261.29

P.O. Box 433
 Odessa, TX 79760
 PH: (432) 276-5885



FIELD TICKET NO.
 ER-3745-001

N2 SERVICES & EQUIPMENT RENTAL

Customer Name: Hi Crush SAND
 Ordered By: Les Kelso
 Contact Number: 573-465-3913
 Region: PB-Texas
 Job/P.O. Number: _____
 Job Information: Kermit Facility

-Rental Out -Rental Return -Exchange
 Rental Start Date: 5-19-20 11:30am
 Rental End Date: _____
 A&O Driver: Mike
 Salesperson: Jackie SR
 Terp Tax: YES - NO

Equipment Description	Asset #	Hours	Fuel	Rental Rates
<u>Haulotte 132 Manlift</u>	<u>ADML003</u>	<u>842.0</u>	<u>Full</u>	<u>\$1000⁰⁰/day</u>

Delivery/Pick-up Charge		Freight Total
Cost Per Mile: <u>\$7.85</u>	No. of Miles: <u>63.3</u>	<u>\$496.91</u>
Flat Rate:		

Job Site Directions: From Intersection of 115 & 181 - go west on 115 to First Hi Crush facility on right - continue past

Comments: 1st facility to 874, turn right on 874 go approx 3/4 mi to Kermit 2 facility

This EQUIPMENT RENTAL AGREEMENT is made and entered into effective on date of agreement by and between Alpha & Omega CS & S, Inc, and customer listed on rental agreement.

IMPORTANT RENTAL PROVISIONS ON REVERSE SIDE OF THIS AGREEMENT.

By signing this agreement, the Customer hereby acknowledges and agrees to the Terms contained here, as well as the Terms and Conditions contained on the reverse side of this Agreement, **INCLUDING INDEMNITY AND RELEASE PROVISIONS, CONSPICUOUSLY IDENTIFIED BY BOLD AND CAPITAL LETTERS.** All the terms and conditions of this rental agreement will govern the rights and obligations of the Company and the Customer unless otherwise specified in writing.

Alpha & Omega CS & C Inc.
PO Box 433
Odessa, TX 79760
(432) 276-5885
kerri.welborn@alphaomega
n2.com



INVOICE

BILL TO

Hi-Crush Inc.
1330 Post Oak Blvd, Suite 600
Houston, TX 77056

INVOICE # ER-3806-001

DATE 07/05/2020

DUE DATE 08/04/2020

TERMS Net 30

CUSTOMER

Les Kelbo

WELL/LOCATION

Kermit 1 Facility

ACTIVITY	QTY	RATE	AMOUNT
Equipment Rental:ER-0063 Street Sweeper Rental, Hours Out 146.5, 06/08/2020 thru 07/05/2020	1	4,357.00	4,357.00T
Equipment Rental:ER-0006 Equipment Delivery	1	275.00	275.00T
Taxable Amount TX Heavy Equipment Diesel Surcharge	1	65.36	65.36

SUBTOTAL	4,697.36
TAX (8.25%)	382.14
TOTAL	5,079.50
BALANCE DUE	\$5,079.50

P.O. Box 433
 Odessa, TX 79760
 PH: (432) 276-5885



FIELD TICKET NO.
 ER-3806-001

N2 SERVICES & EQUIPMENT RENTAL

Customer Name: <u>AI CRUSH INC</u>	<input checked="" type="checkbox"/> -Rental Out <input type="checkbox"/> -Rental Return <input type="checkbox"/> -Exchange
Ordered By: <u>WEB KELSO</u>	Rental Start Date: <u>6/8/2020</u>
Contact Number: <u>573-465-3913</u>	Rental End Date: _____
Region: <u>PH-IT</u>	A&O Driver: <u>JAMES J</u>
Job/P.O. Number: _____	Salesperson: <u>WALLY S.</u>
Job Information: <u>KERMIT 1 FACILITY</u>	Terp Tax: <input checked="" type="checkbox"/> - YES <input type="checkbox"/> - NO

Equipment Description	Asset #	Hours	Fuel	Rental Rates
<u>3 WHEEL SWEEPER</u>	<u>10722348</u>	<u>146.5</u>	<u>FULL</u>	<u>470/1315/4357</u>

Delivery/Pick-up Charge		Freight Total
Cost Per Mile: _____	No. of Miles: _____	<u>\$ 275.00</u>
Flat Rate: <u> / </u>		

Job Site Directions:

Comments: KERMIT 1 BY THE SILOS. ON COKE PROJECT
ENTRANCE TO KERMIT 1 IS OFF TX 115
Loud noise on pedal front back like a bad hydraulic motor.

This EQUIPMENT RENTAL AGREEMENT is made and entered into effective on date of agreement by and between Alpha & Omega CS & S, Inc, and customer listed on rental agreement.

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Arturo Garza (CUSTOMER SIGNATURE) Arturo Garza (PRINT NAME) 6-8-20 (DATE)

Alpha & Omega CS & C Inc.
PO Box 433
Odessa, TX 79760
(432) 276-5885
kerri.welborn@alphaomega
n2.com



INVOICE

BILL TO

Hi-Crush Inc.
1330 Post Oak Blvd, Suite 600
Houston, TX 77056

INVOICE # ER-3806-002

DATE 07/06/2020

DUE DATE 08/05/2020

TERMS Net 30

CUSTOMER

Les Kelbo

WELL/LOCATION

Kermit 1 Facility

ACTIVITY

QTY

RATE

AMOUNT

Equipment Rental:ER-0007

1

275.00

275.00T

Equipment Pick Up, Sweeper on 07/01/2020

SUBTOTAL

275.00

TAX (8.25%)

22.69

TOTAL

297.69

BALANCE DUE

\$297.69