

Fill in this information to identify the case:

Debtor 1 TC Whilden Consulting Inc dba Burleson Pump Co  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Southern District of Texas  
Case number 20-35562 (DRJ)

Filed: USBC - Southern District of Texas  
Gulfport Energy Corporation, et al (B10)  
20-35562 (DRJ)



GEC

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DEC 07 2020

LEGAL SERVICES

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.

Part 1: Identify the Claim

1. Who is the current creditor? TC Whilden Consulting Inc dba Burleson Pump Co  
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Burleson Pump Co</u> Name <u>P O Box 95166</u> Number Street <u>Oklahoma City OK 73144</u> City State ZIP Code Contact phone <u>405-677-6881</u> Contact email <u>twhilden@burlesonpump.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
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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: \_\_\_\_\_

7. How much is the claim? \$ 1,268.88. 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.  
Rebuilt pump for Robinson Family Trust 1-34 Gulfport well

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:** \$ 1,268.88 (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:** \$ 1,268.88  
**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 one:

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 \$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).

\$ \_\_\_\_\_

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).

\$ \_\_\_\_\_

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 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

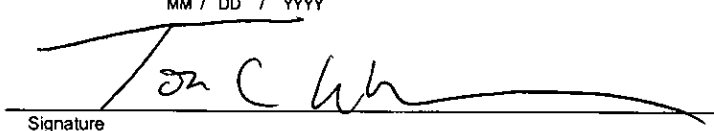
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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.

I have examined the information in this *Proof of Claim* and have a 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 12/03/2020  
MM / DD / YYYY

  
Signature

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

Name Tom Cameron Whilden  
First name Middle name Last name

Title President

Company Burleson Pump Co  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4207 South Prospect  
Number Street

Oklahoma City OK 73129  
City State ZIP Code

Contact phone 405-677-6881 Email twhiloden@burlesonpump.com

**BURLESON PUMP COMPANY**

PO Box 95166  
 Oklahoma City, Ok 73143

**Statement**

Date  
 11/1/2020

Gulfport Energy Corporation  
 3001 Quail Springs Pkwy  
 Oklahoma City, OK 73134  
 Att: Accounts Payable

		Amount Due	Amount Enc.
		\$1,268.88	
Date	Description	Amount	Balance
03/16/2020	INV #R5701. Due 03/16/2020. Orig. Amount \$1,268.88. Robinson Family Trust 1-34,B1563R	1,268.88	1,268.88
If you have any questions or need a copy of an invoice contact Kara Whilden at 405-677-6881. Thank you.		31-60 Days Past Due	61-90 Days Past Due
		0.00	0.00
		Over 90 Days Past Due	Amount Due
		1,268.88	\$1,268.88

**REMIT To:**  
**Burleson Pump Company**  
**PO Box 95166**  
**Oklahoma City, OK**  
**73143**

R5701

3/16/2020

**Gulfport Energy Corporation**  
**3001 Quail Springs Pkwy**  
**Oklahoma City, OK 73134**  
**Att: Accounts Payable**

Well Location: Grady Co., OK  
 Ordered By Roger/Jeremiah  
 AFE/SRC/Divis...  
 Account #

Well Name Robinson Family Trust 1-34 Pump # B1563R

Quantity	Description	Unit Price	Amount
	Pump Repair: 2-1/2 x 1-1/4 x 16 x 20 (SC) RHBC (6MP) TBP-BTSS		
1	Tungsten Carbide/Titanium Tungsten Carbide - 1-3/4" Seat & 1" Ball	410.63	410.63T
1	Stainless/Stainless - 1.75 Seat & 1 Ball	66.67	66.67T
1	Carbide/Titanium Carbide - 1.25 Seat & 11/16 Ball	218.20	218.20T
3	Plastic Cups	19.12	57.36T
	Subtotal		752.86
	DISC.	-15.00%	-112.93
	Subtotal		639.93
1	2-1/2" Conn. Up. Bbl. 7/8 VR	67.99	67.99T
1	Brush for 2-7/8" Tbg	120.71	120.71T
1	Mandrel, Sand Shield, 2" Std	87.18	87.18T
1	2-1/2" X 2" Bushing, Top Seal	111.86	111.86T
	Subtotal		387.74
1	Pump Labor	150.00	150.00
	Ratliff City, Carter Co. & OK Sales Tax	8.875%	91.21

Thank you for your business.

TERMS NET 30 DAYS

**Total**

\$1,268.88

E-mail

Fax #

kwhilden@burlesonpump.com 405-677-6984

BURLESON PUMP COMPANY

PO Box 95166

Oklahoma City, OK 73143



7020 0640 0000 3604 3373



1021



97076

U.S. POSTAGE PAID  
FCM LETTER  
OKLAHOMA CITY, OK  
73129  
DEC 04, 20  
AMOUNT

**\$4.10**

R2309Y155348-71

Gulfport Energy Corp.  
Claim Processing Center  
c/o Epiq Corp Restructing LLC  
PO Box 4421  
Beaverton, OR 97076-4421

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