OCD Case 16206

Application of the OCD Compliance and Enforcement Bureau for a Compliance
Order against D.J. Simmons, Inc.

Pre-Hearing Statement of Edward B. Cordes,
Chapter 11 Trustee of D.J. Simmons, Inc.

EXHIBIT 3
Schedule of Liabilities – D.J. Simmons, Inc.

Fill in this information to identify the case:

Debtor name   **D.J. Simmons, Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO, DENVER DIVISION

Case number (if known)

■ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property   **12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

■ Yes. Fill in all of the information below.

Part 1:   List Creditors Who Have Secured Claims

2. **List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.	*Column A* **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**

| 2.1 | **Bank of Oklahoma**
Creditor's Name | Describe debtor's property that is subject to a lien | **$9,156,050.00** | **$6,201,532.00** |

1 One Williams Ctr
Tulsa, OK 74172-0140
Creditor's mailing address

Describe the lien
See D.J. Simmons Company, LP Schedule D
Is the creditor an insider or related party?

■ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☐ No

Date debt was incurred

■ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:
Check all that apply

■ No

☐ Contingent

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Unliquidated
☐ Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**   **$9,156,050.00**

Part 2:   List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Donald Allen **1700 N Lincoln St Ste 4550** **Denver, CO 80203-4509**	Line __2.1__	
James Askew **320 Gold Ave SW, Ste. 300A** **Albuquerque,**	Line __2.1__	

Fill in this information to identify the case:

Debtor name   **D.J. Simmons, Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO, DENVER DIVISION

Case number (if known)

■ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims   **12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims.
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and*
Personal Property **(Official Form 206A/B)** and on *Schedule G: Executory Contracts and Unexpired Leases* **(Official Form 206G).** Number the entries in Parts 1 and 2
in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

| **Part 1:** | **List All Creditors with PRIORITY Unsecured Claims** |

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

   ☐ No. Go to Part 2.

   ■ Yes. Go to line 2.

2. **List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with
   priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address **Colorado Oil & Gas Severance Tax** **1120 N Lincoln St Ste 801** **Denver, CO 80203-2137**	As of the petition filing date, the claim is: *Check all that apply.* ☐ Contingent ■ Unliquidated ☐ Disputed	**$8,596.00**	**$8,596.00**
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? ■ No ☐ Yes		
2.2	Priority creditor's name and mailing address **Colorado State Payroll Tax** **Colorado State Treasurer** **PO Box 956** **Denver, CO 80201-0956**	As of the petition filing date, the claim is: *Check all that apply.* ☐ Contingent ■ Unliquidated ☐ Disputed	**$578.00**	**$578.00**
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? ■ No ☐ Yes		

Debtor   **D.J. Simmons, Inc.**   Case number (if known) _____
          Name

2.3	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	$97.77	$97.77

Federal Unemployment Tax
IRS
PO Box 7704
San Francisco, CA 94120-7704

Check all that apply.
☐ Contingent
■ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

2.4	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	$11,988.00	$11,988.00

New Mexico Oil and Gas
Severance Tax
New Mexico Taxation & Revenue
Dpt
PO Box 25127
Santa Fe, NM 87504-5127

Check all that apply.
☐ Contingent
■ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

2.5	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	$1,943.00	$1,943.00

New Mexico Out of State Owner
Tax
NM Tax and Revenue Dept
NMOGP
PO Box 25123
Santa Fe, NM 87504-5123

Check all that apply.
☐ Contingent
■ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	$2,509.00	$2,509.00

New Mexico State Payroll Tax
New Mexico Tax & Revenue
PO Box 2308
Santa Fe, NM 87504-2308

Check all that apply.
☐ Contingent
■ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

■ No
☐ Yes

Debtor **D.J. Simmons, Inc.**   Case number (if known) _____
         ‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾
         Name

| 2.7 | Priority creditor's name and mailing address | As of the petition filing date, the claim is: | $366.67 | $366.67 |

New Mexico State Unemployment Tax
NM State Department of Workforce Solutio
PO Box 2281
Albuquerque, NM 87103-2281

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?
☒ No
☐ Yes

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

| 2.8 | Priority creditor's name and mailing address | As of the petition filing date, the claim is: | $1,533.00 | $1,533.00 |

Utah Mineral and Oil Conservation Tax
Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-9000

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?
☒ No
☐ Yes

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Part 2:   List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims**. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim

3.1   Nonpriority creditor's name and address
MVCI

P.O. Box 2326
Farmington, NM 87499

As of the petition filing date, the claim is:
Contingent
Unliquidated
Disputed $450.00

Is the claim subject to offset: No

| 3.2 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | $224.48 |

Alsco

PO Box 1268
Farmington, NM 87499-1268

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Date(s) debt was incurred __

Last 4 digits of account number __

Is the claim subject to offset? ☒ No ☐ Yes

| 3.3 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | $840.51 |

American Express

PO Box 650448
Dallas, TX 75265-0448

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: __

Date(s) debt was incurred __

Last 4 digits of account number __

Is the claim subject to offset? ☒ No ☐ Yes

Official Form 206 E/F   Schedule E/F: Creditors Who Have Unsecured Claims   **Page 3 of 7**

Debtor   **D.J. Simmons, Inc.**   Case number (if known) _____
         _____
         Name

| 3.4 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | $624.45 |

City of Farmington

☐ Contingent
☐ Unliquidated
PO Box 712569
☐ Disputed
Denver, CO 80271-2569

Date(s) debt was incurred __   Basis for the claim: **Utilities**

Last 4 digits of account number __   Is the claim subject to offset? ■ No ☐ Yes

| 3.6 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | unknown |

Conoco Phillips

☐ Contingent
■ Unliquidated
21873 Network Pl
☐ Disputed
Chicago, IL 60673-1218

Date(s) debt was incurred __   Basis for the claim: __

Last 4 digits of account number __   Is the claim subject to offset? ☐ No ■ Yes

| 3.7 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | unknown |

Empire Electric

☐ Contingent
☐ Unliquidated
PO Box K
☐ Disputed
Cortez, CO 81321-0676

Date(s) debt was incurred __   Basis for the claim: __

Last 4 digits of account number __   Is the claim subject to offset? ■ No ☐ Yes

| 3.8 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | unknown |

Enterprise Field Services

☐ Contingent
☐ Unliquidated
PO Box 974364
☐ Disputed
Dallas, TX 75397-4364

Date(s) debt was incurred __   Basis for the claim: __

Last 4 digits of account number __   Is the claim subject to offset? ■ No ☐ Yes

| 3.9 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | $11,235.00 |

Enterprise Fleet Management

☐ Contingent
☐ Unliquidated
7201 S Fulton St
☐ Disputed
Centennial, CO 80112-3725

Date(s) debt was incurred __   Basis for the claim: **Truck Lease**

Last 4 digits of account number __   Is the claim subject to offset? ■ No ☐ Yes

| 3.10 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: *Check all that apply.* | $893,928.00 |

Four Corners Community Bank

■ Contingent
☐ Unliquidated
500 W Main St
☐ Disputed
Farmington, NM 87401-8444

Date(s) debt was incurred __   Basis for the claim: __

Last 4 digits of account number __   Is the claim subject to offset? ■ No ☐ Yes

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Debtor **D.J. Simmons, Inc.**
_____
Name

Case number (if known) _____

3.11	**Nonpriority creditor's name and mailing address**

Imagenet Consulting

913 N Broadway Ave
Oklahoma City, OK 73102-5810

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Copier**

Is the claim subject to offset? ■ No ☐ Yes

$67.36

3.12	**Nonpriority creditor's name and mailing address**

Jeff Parkes

610 N Wall Ave
Farmington, NM 87401-6008

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Deferred Compensation Plan**

Is the claim subject to offset? ■ No ☐ Yes

$29,081.00

3.13	**Nonpriority creditor's name and mailing address**

John Byrom

1009 Ridgeway Pl
Farmington, NM 87401-2092

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Deferred Compensation Plan**

Is the claim subject to offset? ■ No ☐ Yes

$87,383.00

3.14	**Nonpriority creditor's name and mailing address**

Maria Hathcock

320 Misty Dr
Aztec, NM 87410-1593

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Deferred Compensation Plan**

Is the claim subject to offset? ■ No ☐ Yes

$578.00

3.15	**Nonpriority creditor's name and mailing address**

Nancy Walden

5909 Foothills Dr
Farmington, NM 87402-4931

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*
■ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Potential severance payment due July 2016**

Is the claim subject to offset? ■ No ☐ Yes

$30,000.00

3.16	**Nonpriority creditor's name and mailing address**

Nancy Walden

5909 Foothills Dr
Farmington, NM 87402-4931

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Deferred Compensation Plan**

Is the claim subject to offset? ■ No ☐ Yes

$4,778.00

3.17	**Nonpriority creditor's name and mailing address**

New Mexico Gas Company

PO Box 173341
Denver, CO 80217-3341

Date(s) debt was incurred __

Last 4 digits of account number __

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Gas utility**

Is the claim subject to offset? ■ No ☐ Yes

$135.85

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Debtor **D.J. Simmons, Inc.**   Case number (if known) _____
        _{Name}

3.18	**Nonpriority creditor's name and mailing address** **PMI** **PO Box 512** **Mills, WY 82644-0512** **Date(s) debt was incurred** __ **Last 4 digits of account number** __	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** __ Is the claim subject to offset? ■ No ☐ Yes	**$60.25**
3.19	**Nonpriority creditor's name and mailing address** **QEP Energy** **1050 17th St Ste 800** **Denver, CO 80265-2008** **Date(s) debt was incurred** __ **Last 4 digits of account number** __	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** **Overpayment of gas sales** Is the claim subject to offset? ■ No ☐ Yes	**$566,979.49**
3.20	**Nonpriority creditor's name and mailing address** **Rodney Seale** **4908 Pinecroft** **Farmington, NM 87402-5217** **Date(s) debt was incurred** __ **Last 4 digits of account number** __	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** **Deferred Compensation Plan** Is the claim subject to offset? ■ No ☐ Yes	**$10,101.00**
3.22	**Nonpriority creditor's name and mailing address** **Twin Stars, Ltd.** **100 Iowa** **Bloomfield, NM 87413-5390** **Date(s) debt was incurred** __ **Last 4 digits of account number** __	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** __ Is the claim subject to offset? ■ No ☐ Yes	**$3,074.89**
3.23	**Nonpriority creditor's name and mailing address** **Walter Parks** **401 Jenkins Ranch Rd** **Durango, CO 81301-6547** **Date(s) debt was incurred** __ **Last 4 digits of account number** __	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** **Deferred Compensation Plan** Is the claim subject to offset? ■ No ☐ Yes	**$70,207.50**

Debtor   **D.J. Simmons, Inc.**
Name

Case number (if known) _____

| 3.25 | **Nonpriority creditor's name and mailing address** | **As of the petition filing date, the claim is:** *Check all that apply.* | $494.83 |

Wright Express

PO Box 6293
Carol Stream, IL 60197-6293

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred __

Last 4 digits of account number __

Basis for the claim: __

Is the claim subject to offset? ■ No ☐ Yes

Part 3:   **List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4:   **Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	$ 27,611.44
5b. Total claims from Part 2	5b. +	$ 1,723,189.41
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	$ 1,750,800.85