Fill in this information to identify the case:						
Debtor 1 Southcross Energy Partners, L.P.						
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: District of Delaware	8638					
Case number 19-10702	_ _					

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	Applied US Energy, Inc. Name of the current creditor (the person or entity to be paid for this claim)							
	creditor?								
		Other names the creditor	used with the debto	_{or} K <u>nox Oilfield S</u> เ	ıpply, Inc.				
2.	Has this claim been acquired from someone else?	☑ No □ Yes. From whom?							
3.	Where should notices and payments to the	Where should notice	s to the creditor	be sent?	Where should payments to the creditor be sent? (if different)				
	creditor be sent?	c/o Jordan Moore							
	Federal Rule of	Name			Name				
	Bankruptcy Procedure (FRBP) 2002(g)	1 Applied Plaza							
	() (0)	Number Street			Number Street				
		Cleveland	ОН	44115					
	aroruira	City	State	ZIP Code	City	State	ZIP Code		
KEUEN	RECEIVED	Contact phone (216) 4	26-4131		Contact phone				
	JUL 1 8 2019	Contact email jzmoore		<u>m</u>	Contact email				
URT	ZMAN CARSON CONSULTANTS	Uniform claim identifier fo	r electronic paymer	nts in chapter 13 (if you u	se one):				
-									
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim number	er on court claims	s registry (if known) _		Filed on MM / DE) / YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made the	ne earlier filing?			amped Copy Return addressed stamped			

6. Do you have any number you use to identify the debtor?	No Ses. 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?							
				temizing interest, fees, expenses, or other by Bankruptcy Rule 3001(c)(2)(A).				
8. What is the basis of the	Examples	s: Goods sold, money loaned, lease, servi	ces performed, per	rsonal injury or wrongful death, or credit card.				
claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).							
	Limit disc	losing information that is entitled to privac	y, such as health c	care information.				
	Goods	Sold		· 				
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:						
				lence of perfection of a security interest (for ment, or other document that shows the lien has				
		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: \$				
JUL 1 8 2019 Annual Interest Rate (when case was filed)%								
KURTZMAN CARSON CONSULTANT	rs	☐ 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 right of setoff?	No							

12. Is all or part of the claim	☑ No							
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	one:				Amount entitled to priority		
A claim may be partly priority and partly	Domest 11 U.S.	ic support obligations (including C. § 507(a)(1)(A) or (a)(1)(B).	g alimony and child sup	port) unde	r	\$		
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$3 persona	\$						
Gilling to priority	bankrup	salaries, or commissions (up to toy petition is filed or the debtor C. § 507(a)(4).				\$		
	☐ Taxes o	r penalties owed to governmen	tal units, 11 U.S.C. § 5	507(a)(8).		\$		
	☐ Contribu	utions to an employee benefit pl	lan. 11 U.S.C. § 507(a)(5).		\$		
	Other, S	Specify subsection of 11 U.S.C.	§ 507(a)() that appl	ies.		\$		
	* Amounts a	are subject to adjustment on 4/01/22	and every 3 years after t	hat for cases	s begun on or afte	er the date of adjustment.		
Part 3: Sign Below								
The person completing this proof of claim must	Check the appro	priate box:						
sign and date it.	I am the creditor.							
FRBP 9011(b).	I am the creditor's attorney or authorized agent.							
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
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 cla	aim, the creditor gave the debto	or credit for any payme	nts receive	d toward the de	ebt.		
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined and correct.	Claim and have a rea	sonable bel	lief that the info	rmation is true			
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	penalty of perjury that the forego	oing is true and correc	t.				
3571.	Executed on dat	e 07/16/2019 MM / DD / YYYY						
		1						
		Jet Som	_					
	Signature	<u></u>			_			
RECEIVED	Print the name	of the person who is complet	ing and signing this	claim:				
	Name	Fred D, Bauer			***			
JUL 1 8 2019		First name	Middle name		Last name			
	Title	Vice President						
KURTZMAN CARSON CONSULTANT	Company	Applied US Energy, Inc						
		Identify the corporate servicer as	the company if the autho	rized agent i	s a servicer.			
	Address	1 Applied Plaza						
	, (du) 033	Number Street						
		Cleveland		ОН	44115			
		City		State	ZIP Code			
	Contact phone	(216) 426-4753		_{Email} fba	ue <u>r@applied</u>	d.com		



Applied Industrial Technologies One Applied Plaza East 36th Street & Euclid Cleveland, OH 44115-5056 216 426 4131 Tel 216 426 4899 Fax

July 16, 2019

Southcross Claims Processing Center c/o KCC 222 N. Pacific Highway, Suite 300 El Segundo, CA 90245

Re:

Debtor: Southcross Energy Partners, L.P.

United States Bankruptcy Court

District of Delaware Case No. 19-10702

To Whom It May Concern:

Enclosed are two copies of a Proof of Claim and Statement of Account to be filed on behalf of Applied Industrial Technologies. Please return a file-stamped copy to me in the postage paid return envelope provided.

If you have any questions or need additional information, please feel free to call me at 216-426-4131.

Cordially,

Jordan Moore Legal Administrator

/jzm Enclosures



OPEN ITEM LIST SOUTHCROSS ENERGY Date 04/30/2019 1717 MAIN ST Accounts Receivable STE 5200 Telephone: Contact Service Center DALLAS TX 75201-4612 Remit to: Applied Industrial Technologies Fax: 216-426-4822 22510 Network Place Toll Free: Chicago, IL Your account with us 60673-1225 1903387

Company Code: 1130

APPLIED US ENERGY, INC.

Customer Statement as of 04/30/2019

Document	Document	Document	Days Late	Purchase Order	Charges	Credits	Curr
Number	Date	Туре		Number			
347411	02/08/2018	Converted AR	416	347411		621.04	USD
7015111899	12/18/2018	Billing Document	103	7015111899	50.17		USD
7015112300	12/18/2018	Billing Document	103	7015112300	274.24		USD
7015838202	03/23/2019	Billing Document	8	7015838202	809.56		USD
7015944561	04/05/2019	Billing Document	0	7015944561	155.28		USD
7015966335	04/09/2019	Billing Document	0	7015966335	212.78		USD
7015966501	04/09/2019	Billing Document	0	7015966501	888.91		ŲSD
7015966504	04/09/2019	Billing Document	0	7015966504	35.55		USD
7015988605	04/11/2019	Billing Document	0	7015988605	159.36		USD

5/9/19 pmt

\\ 888.91\\ \\ 809.56\\

Payment Terms: Net 30 Days

Average Days Paid Late: 0

Current	1 to 30 days	31 to 60 days	61 to 90 days	over 90 days	266.34
1,451.88	809.56	0.00	0:00	-296.63	Total due: 1,964,81 USD