

**Fill in this information to identify the case:**

Debtor name American Natural Energy Corporation

United States Bankruptcy Court for the: EASTERN DISTRICT OF LOUISIANA

Case number (if known) 15-12229

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
<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 10px;">2.1</div> <p>Priority creditor's name and mailing address <b>GREG CHAMPAGNE ST CHARLES PARISH ASSESSO PO BOX 440 HAHNVILLE, LA 70057-0440</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>94,931.77</u>    \$ <u>94,931.77</u></p>

**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
<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 10px;">3.1</div> <p>Nonpriority creditor's name and mailing address <b>JANNA COTNER 3030 E 151st St. South Bixby, OK 74008</b></p> <p>Basis for the claim: <u>Payroll</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>\$ <u>15,194.17</u></p>

Debtor 1 **Steven P. Ensz**

Case number (if know)

**15-12229**

First Name

Middle Name

Last Name

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

No

Last 4 digits of account number \_\_\_\_\_

Yes

3.2

Nonpriority creditor's name and mailing address

**JOHN WALKER  
1014 DU MAINE APT D  
NEW ORLEANS, LA 70116**

As of the petition filing date, the claim is:

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

\$ **61,179.93**

Basis for the claim: **Payroll**

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

No

Last 4 digits of account number \_\_\_\_\_

Yes

3.3

Nonpriority creditor's name and mailing address

**Michael Paulk  
6711 E 116th Street  
Bixby, OK 74008**

As of the petition filing date, the claim is:

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

\$ **270,451.72**

Basis for the claim: **Payroll**

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

No

Last 4 digits of account number \_\_\_\_\_

Yes

3.4

Nonpriority creditor's name and mailing address

**RICHARD MULFORD  
3209 S HICKORY LN W  
CHANDLER, OK 74834**

As of the petition filing date, the claim is:

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

\$ **226,325.00**

Basis for the claim: **Payroll**

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

No

Last 4 digits of account number \_\_\_\_\_

Yes

3.5

Nonpriority creditor's name and mailing address

**ROBERT SNEAD  
6062 E 55TH ST  
TULSA, OK 74135**

As of the petition filing date, the claim is:

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

\$ **104,875.00**

Debtor 1 **Steven P. Ensz** Case number (if know) **15-12229**  
First Name Middle Name Last Name

Basis for the claim: **Payroll**

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

3.6 Nonpriority creditor's name and mailing address **STEVEN P ENSZ  
 6 WATERBROOK PL  
 THE WOODLANDS, TX 77381** As of the petition filing date, the claim is: **\$ 398,965.90**  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Payroll**

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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	\$ <b>94,931.77</b>
5b. Total claims from Part 2	\$ <b>1,076,991.72</b>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <b>1,171,923.49</b>