

Form B10 11/92

FORM 10. PROOF OF CLAIM

United States Bankruptcy Court Northern District of Texas		Proof of Claim	
In re (Name of Debtor) W O OPERATING COMPANY , LTD 75-2675224		Case Number 12-31556	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor <i>(The persons or other entity to whom the debtor owes money or property)</i> Atmos Energy/TEXAS DIVISION A division of Atmos Energy Corporation		<input type="checkbox"/> Check box if you are aware that anyone else has filled a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent Attn: Bankruptcy Group Atmos Energy Corporation P.O. Box 650205 Dallas, TX. 75265-0205			
Telephone No.: 972-855-3342			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim _____ replaces a previously filed claim, dated: _____ _____ amends	
1. BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods Sold - NATURAL GAS RECEIVED <input type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned APR 24 2012 <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) BMC GROUP			
2. DATE DEBT WAS INCURRED:		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2,000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ____:	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ 626.18 _____ \$ _____ \$ _____ \$ 626.18 _____ CASE FILED: (Unsecured) (Secured) (Priority) (TOTAL)			
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant due has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date APRIL 18, 2012		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) "/s/" VeLinda Braxton _____ VeLinda Braxton, Credit & Collections	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

CANO PETROLEUM



00088

Bad Debt Query (UABDB) - Qg-11(PBAN30)

Customer	Premises	Debt No	Reas	Coll Agency	Bkrpcy	BD Balance	Recov Bal
596669	708611	457488	EDBR		BK03	626.18	0.00
						626.18	

Customer: W/O OPERATING CO

Premises: WY HWY - 52

Reas Code: Transf to Bankruptcy Date: 17-APR-2012

Coll Agency: Date:

Bankruptcy: CHAPTER 11 CORP & BUS ENTITIE Case: \$626.13 12-3-556

Lien: Stat:

Acct Int: 0.00

Bad Debt Detail ... Select Quit

Northern District of Texas Claims Register

12-31556-bjh11 W.O. Operating Company, Ltd.

Judge: Barbara J. Houser **Chapter:** 11
Office: Dallas **Last Date to file claims:** 07/05/2012
Trustee: **Last Date to file (Govt):**
Creditor: (14735138) **Claim No:** 6 *Status:*
 Atmos Energy Corporation *Original Filed* *Filed by:* CR
 PO Box 650205 *Date:* 04/18/2012 *Entered by:* Velinda L.
 Dallas TX 75265- *Original Entered* Braxton
 0205 *Date:* 04/18/2012 *Modified:*

Amount claimed: \$626.18

History:

Details 6-1 04/18/2012 Claim #6 filed by Atmos Energy Corporation, Amount claimed: \$626.18 (Braxton, Velinda)

Description: (6-1) natural gas

Remarks:

Claims Register Summary

Case Name: W.O. Operating Company, Ltd.
Case Number: 12-31556-bjh11
Chapter: 11
Date Filed: 03/08/2012
Total Number Of Claims: 1

Total Amount Claimed*	\$626.18
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		