



7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted.")

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If

the documents are not available, please explain: Receive royalties from oil lease. This claim is to establish that debt.

8. Signature. (See instruction #8)

Check the appropriate box:

- I am the creditor.       I am the creditor's authorized agent. (Attach copy of power of attorney, if any.)       I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)       I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Bessie B. Walker

Title:

Company:

Address and telephone number (if different from notice address above):

*Bessie B Walker*

/s/ Bessie B. Walker

4/24/2012

(Signature)

(Date)

Telephone number:

e-mail:

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply. Items to be completed in Proof of Claim form

**Court, Name of Debtor, and Case Number:**  
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**  
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**  
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**  
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**  
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor

**3a. Debtor May Have Scheduled Account As:**  
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**  
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):**  
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**  
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.

**7. Documents:**  
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**  
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

**VALERO MARKETING  
AND SUPPLY COMPANY**  
PO BOX 696000  
SAN ANTONIO, TX 78269-6000  
1-800-475-4171

PMC - Prior month credit  
PMD - Prior month debit  
ADJ - Misc adjustment

OWNER I.D	DATE	CHECK NO.
913670	10/20/2011	2444959

IF NOT CORRECT RETURN WITHOUT ALTERATIONS AND STATE DIFFERENCE

MTH YR	PR CO	ORDER DIVISION	WELL NAME	PRICE DECIMAL	BBLs YOUR BBLs	GROSS VAL YOUR GROSS	TAXES YOUR TAX	NET VALUE	OTHER DEDUCTS	YOUR W/H	YOUR NET
08/11	OIL	960000915	DOLLY	82.7096	137.26	11,352.73	523.35	10,829.38			
			MOORE, TX	0.00043403	0.06	4.93	0.23		0.00	0.00	4.70
08/11	OIL	960006145	BLOCK ABC	83.1096	185.61	15,425.99	711.10	14,714.89			
			CARSON, TX	0.00014470	0.03	2.23	0.10		0.00	0.00	2.13
08/11	OIL	960007343	RESER	82.7097	258.19	21,354.82	984.41	20,370.41			
			MOORE, TX	0.00043400	0.11	9.27	0.43		0.00	0.00	8.84
09/11	OIL	960000915	DOLLY	82.3000	135.72	11,169.76	514.91	10,654.85			
			MOORE, TX	0.00043403	0.06	4.85	0.22		0.00	0.00	4.63
09/11	OIL	960006145	BLOCK ABC	82.6999	99.56	8,233.61	379.56	7,854.05			
			CARSON, TX	0.00014470	0.01	1.19	0.05		0.00	0.00	1.14
09/11	OIL	960007343	RESER	82.2999	266.64	21,944.47	1,011.61	20,932.86			
			MOORE, TX	0.00043400	0.12	9.52	0.44		0.00	0.00	9.08
CUSTOMER TOTALS:					0.39	31.99	1.47		0.00	0.00	30.52

THE ATTACHED CHECK IS IN PAYMENT FOR ITEMS DESCRIBED ABOVE

TOTAL:

\$\$\$30.52

0003

Owner no. 232108.0  
601807654

DCP MIDSTREAM, LP  
6120 S YALE SUITE 1100 TULSA, OK 74136  
REFER TO OWNER NUMBER WHEN WRITING

CHECK NO. 4853365  
CHECK DATE 08/31/11

LEASE #		LEASE NAME				ST	COUNTY							
SALE MO	P R D	BBL/MCF	BTU/FACTOR	PRICE	GROSS VALUE	NET VALUE	DECIMAL INTEREST	INT TYP	OWNER GROSS VALUE	TAX CODE	OWNER STATE TAX	DED CODE	DEDUCTIONS	OWNER NET VALUE
033476SC														
05/11	G	4075.91	1.42	9.30	37,905.89	35,261.29	.0004340	RI	16.45					15.30
										TTXSV		-1.15		
033476SC														
06/11	G	140.29	1.41	8.86	1,243.67	1,156.90	.0004340	RI	.54					.90
										TTXSV		-.04		
033476SC														
07/11	G	1564.75	1.41	9.07	14,185.74	13,194.99	.0004340	RI	6.16					5.73
										TTXSV		-.43		
034328SC														
06/11	G	886.41	1.26	6.82	6,041.63	5,620.12	.0004340	RI	2.62					2.44
										TTXSV		-.18		
034369SC														
05/11	G	318.25	1.6	12.43	3,957.24	3,681.15	.0004340	RI	1.72					1.60
										TTXSV		-.12		
034369SC														
06/11	G	578.78	1.6	11.99	6,940.36	6,456.15	.0004340	RI	3.01					2.80
										TTXSV		-.21		
034369SC														
07/11	G	434.65	1.6	12.27	5,331.05	4,958.83	.0004340	RI	2.31					2.15
										TTXSV		-.16		
034419SC														
05/11	G	1926.43	1.32	8.14	15,683.50	14,589.30	.0004340	RI	6.81					6.34
										TTXSV		-.47		
034419SC														
06/11	G	430.77	1.26	6.82	2,935.88	2,731.05	.0004340	RI	1.27					1.18
										TTXSV		-.09		
034419SC														
07/11	G	1597.19	1.26	6.96	11,113.99	10,337.53	.0004340	RI	4.82					4.48
										TTXSV		-.34		
034433SC														
05/11	G	157.14	1.6	12.43	1,953.91	1,817.59	.0004340	RI	.85					.79
										TTXSV		-.06		
034433SC														
06/11	G	285.41	1.6	11.99	3,422.56	3,183.78	.0004340	RI	1.49					1.39
										TTXSV		-.10		
034433SC														
07/11	G	213.84	1.6	12.27	2,623.01	2,439.87	.0004340	RI	1.14					1.06
										TTXSV		-.08		
034437SC														
05/11	G	1353.57	1.32	8.14	11,019.83	10,251.00	.0004340	RI	4.78					4.45
										TTXSV		-.33		
034437SC														
06/11	G	420.82	1.26	6.82	2,868.11	2,668.01	.0004340	RI	1.24					1.15
										TTXSV		-.09		

\*\* SEE ATTACHED DETAILS \*\*

TOTAL OF THIS CHECK 123.10 123.1 8.58 .00 114.52

TTXSV TEXAS SEVERANCE TAX

DCP MIDSTREAM, LP  
 6120 S YALE SUITE 1100  
 TULSA, OK 74136  
 Telephone: 918 524 0944

Owner no. 232108.0  
 BESSIE BOWNS WALKER

Check No.: 4853365  
 Check Date: 08/31/11  
 Page: 2

LEASE #	LEASE NAME	ST	COUNTY												
SALE MO	P R D	BBL/ MCF	BTU FACTOR	PRICE	GROSS VALUE	NET VALUE	DECIMAL INTEREST	INT TYP	OWNER GROSS VALUE	TAX CODE	OWNER STATE TAX	DED CODE	DEDUCTIONS	OWNER NET VALUE	
034437SC 07/11 G		1302.81	1.26	6.96	9,065.60	8,432.25	.0004340	RI	3.93					3.66	
										TTXSV			-1.27		
33627-00 05/11 G		5343	1.57	11.49	61,414.46	57,129.73	.0004340	RI	26.65					24.79	
										TTXSV			-1.86		
33627-00 06/11 G		3628	1.46	9.67	35,100.51	32,651.64	.0004340	RI	15.23					14.17	
										TTXSV			-1.06		
33627-00 07/11 G		5141	1.46	9.89	50,868.30	47,315.90	.0004340	RI	22.08					20.54	
										TTXSV			-1.54		

BESSIE BOWNS WALKER  
 3345 MCGUIRE WAY  
 LADYSMITH, BC V9G1C4  
 CANADA

3345 McGuire Way  
Ladysmith, British Columbia  
Canada V9G 1C4

Email in care of:  
[Gary.Tunnell@viu.ca](mailto:Gary.Tunnell@viu.ca)

Telephone: 250-722-2235

BMC Group Inc.  
P.O. Box 3020  
Chanhassen, MN  
USA  
55317-3020

Re: Cano Petroleum, Inc. Claims Processing  
Re: Claim of Bessie B. Walker

BMO:

I receive royalty payments from Valero Marketing and Supply Co., and from DCP Midstream, both of whom are subsidiary companies of Cano Petroleum, Inc.. These payments are for wells in the Texas Panhandle, on land which I own portions of the mineral rights. I wish to insure that my interests in these mineral rights and the royalty money which I receive for them are protected in the bankruptcy proceedings of the Northern District of Texas, Dallas Division, Case # 12-31549.

The online claim filing format did not work for the kinds of information that I needed to convey to BMC, so I am sending this letter which allows communication beyond the narrow limits of the online form.

I am attaching several pages of information to this submission, documenting my relationship to Valero and DCP Midstream. I wish to make sure that my royalty payments are secured, and that the mineral rights are protected. I would hope that any judgment rendered, would guarantee that payments lost through bankruptcy proceedings would be reimbursed, and that any company which purchases the interests of Cano, would continue with the lease, or re-negotiate with me on my portion of the owned mineral rights. This concern could not be easily communicated in the bare-bones online form.

I am 95 years old, and depend on the amounts received through royalty payments, to supplement my other small sources of income.

Sincerely,



Bessie B. Walker

BESSIE WALKER  
3345 McGUIRE WAY  
LADYSMITH, B.C.  
CANADA V9G 1C4

BMC GROUP INC.  
P.O. BOX 3020  
CHATHAM, MN  
U.S.A 55317-3020



Sender warrants that this envelope contains documents only, and does not contain dangerous goods or anything of commercial value.

May be opened by Customs officially

Review terms and conditions on Customer Receipt.

L'expéditeur garantit que cet envoi ne renferme que des documents papier et qu'elle ne contient pas de matières dangereuses ni d'articles ayant une valeur commerciale. Peut être ouvert d'office par les douanes. Reportez-vous aux conditions sur le reçu du client.

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- Achetez maintenant, expédiez plus tard, à un seul tarif forfaitaire
- Garantie de livraison à temps - Sous réserve des normes de service publiées
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Sender warrants that this item contains documents only, does not contain dangerous goods, or anything of commercial value and agrees to terms and conditions on reverse.

Expéditeur garantit que cet envoi ne renferme que des documents, et n'a ni contenu pas de matières dangereuses, ni d'articles ayant une valeur commerciale et accepte les conditions indiquées au verso.

Date

From Expéditeur

BESSIE WALKER

3345 McGUIRE WAY

2 ANDSWITH RD, YG1 9G6, CANADA

RECEIVED

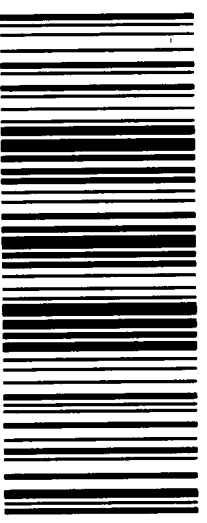
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BMC GROUP INC

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Déclaration au douane CN22 Etiquette d'expédition  
43-074-201 (11-02)



EG 010 490 105 CA

EG 010 490 105 CA

Recipient's Name Nom du destinataire

Signature of Recipient Signature du destinataire

Delivery Date Date de livraison

Time Heure

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