UNITED STATES BANKRUPTC' NORTHERN DISTRICT OF T		OOF OF CLAIM	
Indicate Debtor against which you assert a claim by character Cano Petroleum, Inc. (Case No. 12-31549)  Cano Petro of New Mexico (Case No. 12-31550)  Ladder Companies, Inc. (Case No. 12-31551)  Square One Energy, Inc. (Case No. 12-31552)	ecking the appropriate box. (Check  Tri-Flow, Inc. (Case Now No. 2)  W.O. Energy of Nevact W.O. Operating Comp W.O. Production Comp WO Energy, Inc. (Cas	o. 12-31553) da, Inc (Case No. 12-31554) pany, Ltd. (Case No. 12-31556) apany, Ltd. (Case No. 12-31557) de No. 12-31555)	POC ID: 2595
file a request for payment of an administrative expense a		ne bankapicy ming. Tod may	
Name of Creditor (the person or other entity to who	Potchel,	у) :	]
Name and address where notices should be set  MACHELLE RENEE BETCHER  411 BARRERA ST #915	29747776002595	RECEIVED	
SAN ANTONIO, TX 78210		MAY 07 2012	
20-488-	0881 Na	BMC GROUP	If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number ( )  Name and address where payment should be	email: // sent (if different from above):	Charle bassif same	
JAME AS Above,	•	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number (if known):
Payment Telephone Number ( )	email:		Filed on:
1. AMOUNT OF CLAIM AS OF DATE CASE FIL	.ED \$		
If all or part of your claim is secured, complete item			
If all or part of your claim is entitled to priority, com			
Check this box if claim includes interest or other check.  2. BASIS FOR CLAIM:	arges in addition to the principal am	ount of claim. Attach itemized sta	atement of interest or charges.
(See instruction #2)			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	3a. Debtor may have schedu	led account as: 3b. Uni	form Claim Identifier (optional):
	(See instruction #3a)	(See in	struction #3b)
4. SECURED CLAIM: (See instruction #4)			
Check the appropriate box if your claim is secured by a right of set off, attach required redacted documents, an requested information.		nt of arrearage and other charg iled, included in secured claim	
Nature of property or right of setoff:  Describe:  Basis for Perfection:			
Real Estate Motor Vehicle Other Amount of Secured Claim: \$			
Value of Property: \$ Amount Unsecured: \$			
Annual Interest Rate: % Fixed or (when case was filed)	☐ Variable		
<ol><li>Amount of Claim Entitled to Priority under specifying the priority and state the amount.</li></ol>	11 U.S.C. § 507(a). If any part	of the claim falls into one	of the following categories, check the box
Amount entitled to priority: \$			
You MUST specify the priority of the clair	_	<b>-</b>	
Domestic support obligations under 11 U.S.C. § 50	7(a)(1)(A) or (a)(1)(B).		overnmental units - 11 U.S.C. § 507(a)(8).
Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).		_	benefit plan - 11 U.S.C. § 507(a)(5). ragraph of 11 U.S.C. § 507(a) ().
Wages, salaries, or commissions (up to \$11,725*), before filing of the bankruptcy petition or cessation business, whichever is earlier - 11 U.S.C. § 507(a)	of the debtor's		CANO PETROLEUM
* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on o			date of adjustment. 00225
6. CREDITS: The amount of all payments on the	nis claim has been credited for t	the purpose of making this p	roof of claim. (See instruction #6)

	es, and security agreements. If the claim is secured, box 4 has been completed, and redacted rity interest are attached. (See instruction #7, and definition of "redacted").	
DO NOT SEND ORIGINAL DOCUMENTS, ATTACHED DOCU	MENTS MAY BE DESTROYED AFTER SCANNING.	
If the documents are not available, please explain:		
DATE-STAMPED COPY To receive an acknowledgment of envelope and copy of this proof of claim.  The original of this completed proof of claim form must be	f the filing of your claim, enclose a stamped, self-addressed  sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually	
	May 7, 2012 for All Entities and Persons including Governmental Units.	
BY MAIL TO:	BY MESSENGER OR OVERNIGHT DELIVERY TO:	
BMC Group, Inc.	BMC Group, Inc.	
Attn: Cano Petroleum, Inc. Claims Processing	Attn: Cano Petroleum, Inc. Claims Processing	
PO Box 3020 Chanhassen, MN 55317-3020	18675 Lake Drive East Chanhassen, MN 55317	
Chairiassen, WiN 55517-5020	Charinassen, wild 555 17	
*You are encouraged to E-File your proof of claim di	ectly by logging onto http://www.bmcgroup.com/Cano/ClaimFiling	
8. SIGNATURE: (See instruction #8)  Check the appropriate box.  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.)	
Print Name:  Print Name:  Company:  Address and telephone number (if different from notice address above):  Telephone number:  email:	(Signature) (Date)	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonme	nt for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.	

7. DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized

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P.G. Box 3020

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