

POC ID: 2257

Indicate Debtor against which you assert a claim by checking the appropriate box. (Check only one Debtor per claim form.)

- | | |
|---|--|
| <input type="checkbox"/> Cano Petroleum, Inc. (Case No. 12-31549) | <input type="checkbox"/> Tri-Flow, Inc. (Case No. 12-31553) |
| <input type="checkbox"/> Cano Petro of New Mexico (Case No. 12-31550) | <input type="checkbox"/> W.O. Energy of Nevada, Inc (Case No. 12-31554) |
| <input type="checkbox"/> Ladder Companies, Inc. (Case No. 12-31551) | <input type="checkbox"/> W.O. Operating Company, Ltd. (Case No. 12-31556) |
| <input checked="" type="checkbox"/> Square One Energy, Inc. (Case No. 12-31552) | <input type="checkbox"/> W.O. Production Company, Ltd. (Case No. 12-31557) |
| | <input type="checkbox"/> WO Energy, Inc. (Case No. 12-31555) |

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property) :

Julie Anna Frost Cochran Agency

Name and address where notices should be sent:


JULIE ANNA FROST COCHRAN AGENCY
1ST NATL BANK AGENT
PO BOX 701
ABILENE, TX 79604

29747776002257

RECEIVED

MAY 07 2012

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 (325-627-7248) email: RSpiva@FFTAM.com

Name and address where payment should be sent (if different from above):

Julie Anna Frost Cochran Agency
First Financial Trust & Asset Mgmt. NA, Agent
P. O. Box 701
Abilene, TX 79604-0701

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):

Filed on:

Payment Telephone Number (325-627-7248) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 23.55

If all or part of your claim is secured, complete item 4.
If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: Unpaid Oil Royalties

(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

0592

3a. Debtor may have scheduled account as:

Julie Cochran Agency

(See instruction #3a)

3b. Uniform Claim Identifier (optional):

NA

(See instruction #3b)

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:

Describe:

Real Estate Motor Vehicle Other _____

Value of Property: \$ _____

Annual Interest Rate: _____ % Fixed or Variable (when case was filed)

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____

Basis for Perfection: _____

Amount of Secured Claim: \$ _____

Amount Unsecured: \$ _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

Amount entitled to priority: \$ _____

You MUST specify the priority of the claim:

- | | |
|--|---|
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). |
| <input type="checkbox"/> 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). | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). |

* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

CANO PETROLEUM



00238

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

NA

7. **DOCUMENTS:** *Attached are redacted copies of 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 definition of "redacted").

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

If the documents are not available, please explain:

DATE-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.

The original of this completed proof of claim form must be sent by mail or hand delivered (**FAXES NOT ACCEPTED**) so that it is actually received on or before 5:00 pm, prevailing Central Time on **May 7, 2012** for All Entities and Persons including Governmental Units.

BY MAIL TO:

BMC Group, Inc.

Attn: Cano Petroleum, Inc. Claims Processing

PO Box 3020

Chanhausen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:

BMC Group, Inc.

Attn: Cano Petroleum, Inc. Claims Processing

18675 Lake Drive East

Chanhausen, MN 55317

***You are encouraged to E-File your proof of claim directly by logging onto <http://www.bmcgroup.com/Cano/ClaimFiling>**

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.)

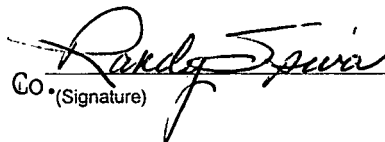
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Randy Spiva, Sr. Vice

Title: Senior Vice President

Company: First Financial Trust & Asset Mgmt. Co.

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


(Signature)

May 4, 2012
(Date)

Telephone number:

email:

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.

AFFIDAVIT OF SUCCESSION

The undersigned, being a duly qualified officer of First National Bank of Abilene, Texas (this "Bank") hereby states on my oath that the following are true and correct facts concerning the transfer and succession of certain fiduciary accounts as set forth herein:

1. This Bank and First Financial Trust & Asset Management Company, National Association ("Trust Company") entered into a Transfer Agreement effective October 1, 2003 (such Agreement, as amended referred to as the "Agreement") pursuant to the provisions of Section 59.004 of the Texas Finance Code and Chapter 274 of the Texas Finance Code.
2. The Agreement provided that all of the accounts of which this Bank through its trust department acted as trustee, agent, executor, administrator, guardian, custodian or in such other fiduciary capacity are to be transferred effective January 1, 2004, pursuant to the Transfer Act, and if applicable the Substitution Act, so that the Trust Company would be substituted as of January 1, 2004, as fiduciary for such accounts in place of this Bank.
3. The Substitution Act provides a mechanism by which beneficiaries or other interested parties with respect to the accounts, which are subject to the Agreement, can contest the substitution of the fiduciaries as set forth in the Substitution Act.
4. No beneficiary or person has contested the substitution of fiduciaries as provided in the Agreement, and all such substitutions were effective and complete as of January 1, 2004.
5. The Transfer Act and the Substitution Act provides no further documentation is needed in order to effect the transfer, however, this Affidavit is being executed for the sole purpose of evidencing the change of fiduciary of this Bank to the Trust Company as set forth in the Agreement; the Transfer Act; and the Substitution Act for clarity of the applicable deed records.
6. As of January 1, 2004, the Trust Company was the fiduciary serving in place of this Bank of all of the accounts of which this Bank through its trust department acted as trustee, agent, executor, administrator, guardian, custodian or in such other fiduciary capacity, all in accordance with the Agreement.

SIGNED, this 2nd day of January, 2004.

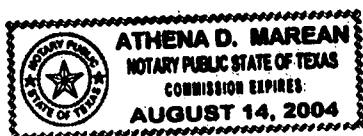
**FIRST NATIONAL BANK OF ABILENE,
TEXAS**

BY: *Charles A. Cowell*
CHARLES A. COWELL, President

THE STATE OF TEXAS §
 §
COUNTY OF TAYLOR §

BEFORE ME, the undersigned Notary, on this day personally appeared CHARLES A. COWELL, President of FIRST NATIONAL BANK OF ABILENE, TEXAS, personally known to me or identified by the oath of a credible witness personally known to me or by a current identification card or other document qualifying as satisfactory evidence of the identity of this person under §121.005(a), Texas Civil Practice and Remedies Code, to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed for said banking institution.

GIVEN UNDER MY HAND AND SEAL of office on January 2nd, 2004.



Athena D. Marean
NOTARY PUBLIC, STATE OF TEXAS

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Filed for Record in:
Eastland County

On: Jan 15, 2004 at 11:45A

As a
Recordings

Document Number: 02400156

Amount 11.00

Receipt Number - 26398

By,
Donna Robertson

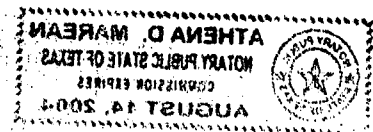
STATE OF TEXAS COUNTY OF EASTLAND
I hereby certify that this instrument was
filed on the date and time stamped hereon by me
and was duly recorded in the volume and page
of the named records of:
Eastland County
Any provision herein which restricts the sale,
rental, or use of the described Real Property
because of color or race is invalid and
unenforceable under federal law.

Jan 15, 2004

Cathy Jentho, County Clerk
Eastland County

REGISTERED
✓
SCOMPARED
INDEXED

✓



1-2

**FIRST FINANCIAL
TRUST & ASSET MANAGEMENT
COMPANY** NA

ABILENE

Randy Spiva
Senior Vice President
Direct Dial: (325) 627-7248
rspiva@fftam.com

May 4, 2012

BMC Group, Inc.
Attn: Cano Petroleum, Inc. Claims Processing
18675 Lake Drive East
Chanhassen MN 55317

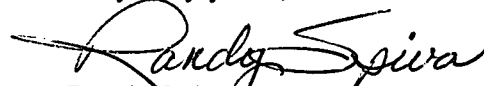
Re: Julia Anna Frost Cochran Agency, #0592
Bankruptcy Proof of Claim
Square One Energy, Case No. 12-31552

Dear Sir or Madam:

Enclosed please find a PROOF OF CLAIM which has been fully executed for the Julia Anna Frost Cochran Agency by First Financial Trust & Asset Management Co., N.A., Agent. Please be advised, First Financial Trust & Asset Management Co., N.A. succeeded First Financial Bank on January 2, 2004. A copy of AFFIDAVIT OF SUCCESSION, recorded in Eastland County, is enclosed for your records. The claim is made for unpaid oil royalties in the amount of \$23.55.

Should you have any questions or need additional information, please contact me at 325-627-7248.

Very truly yours,


Randy Spiva
Senior Vice President

RS:jm
Enclosures

**FIRST FINANCIAL
TRUST & ASSET MANAGEMENT
COMPANY^{NA}**

P.O. Box 701 Abilene, TX 79604

BMC Group, Inc.
Attn: Cano Petroleum, Inc. Claims Processing
18675 Lake Drive East
Chanhassen MN 55317

00034

00100

fedex.com 1.800.GoFedEx 1.800.463.3339

FedEx NEW Package
Express US Airbill
FedEx Tracking Number 8003 4251 8561

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.
Date 5-27-12
FedEx Tracking Number 800342518561

Sender's Name **RANDY SPIVA** Phone **325 627 7218**
Company **FIRST FINANCIAL TR & ASSET MGT**
Address **400 PINE ST STE 300**
City **ABILENE** State **TX** ZIP **79601-5188**

2 Your Internal Billing Reference **SQUARE ONE BANKRUPTCY**

3 To Recipients Name **BMC GROUP, INC** Phone **952 404-5700**
Company **ATTN: CANDI ROBLEM INC CLAIMS PROCESSING**

Address **18675 LAKE DRIVE EAST**
City **CHANNHASSEN** State **MN** ZIP **55317**



8003 4251 8561

0449073872

Form ID No. **0215**

4 Express Package Service
NOTE: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight
 FedEx Priority Overnight
 FedEx Standard Overnight
 Next Business Afternoon
 FedEx Express Saver

2 or 3 Business Days

NEW FedEx 2Day A.M.
 FedEx 2Day
 FedEx Express Saver

5 Packaging * Declared value limit \$500.
 FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Signature Options
 Signature Required
 Signature Required - Direct Signature
 Signature Required - Indirect Signature

7 Payment Bill to:
 Sender Recipient Third Party Credit Card Cash/Check
Enter FedEx Acct. No. or Credit Card No. below: _____
Obtain recip. Acct. No. _____
Total Packages _____ Total Weight _____ lbs.
Credit Card Auth. **611**

Rec. Date 11/10 • Fax 1/13/14 • ©1994-2010 FedEx • PRINTED IN U.S.A. SIS

MUR3
Recipient's Copy

fedex.com 1.800.GoFedEx 1.800.463.3339