

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**

PROOF OF CLAIM

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

- | | |
|--|--|
| <input checked="" 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 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):
JOHNNY M. CLARK

Name and address where notices should be sent:
JOHNNY M. CLARK
121 N. RICE
HAMILTON, TX 76531

RECEIVED
MAY 07 2012
BMC GROUP

Creditor Telephone Number (254) 386-8957 email: dr.jmclark@gmail.com

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

Name and address where payment should be sent (if different from above):
Payment Telephone Number () email:

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:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 2,227.56 8,200 shares common stock
If all or part of your claim is secured, complete item 4. adj. orig. cost. CANO PETROLEUM, INC.
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: OWNER OF COMMON STOCK (8,200 SHARES) CANO PETROLEUM, INC
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
0032

3a. Debtor may have scheduled account as:
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(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.



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)

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 Standard 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
Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc.
Attn: Cano Petroleum, Inc. Claims Processing
18675 Lake Drive East
Chanhassen, 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. I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3004.) (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: JOHNNY M. CLARK
Title: _____
Company: _____

Johnny M. Clark 5-2-12
(Signature) (Date)

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

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.

To Open

EXTREMELY URGENT Please Rush To Addressee

PLEASE PRESS FIRMLY

Schedule package pickup right from your home or office at usps.com/pickup
Print postage online - Go to usps.com/post

PLEASE



1007

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PAID
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MAY 02 2012
AMOUNT
\$18.95
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UNITED STATES POSTAL SERVICE

Flat Rate Mailing Envelope
For Domestic and International Use
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When used internationally affix customs declarations (PS Form 2976, or 2976A).



EI 632534303 US



UNITED STATES POSTAL SERVICE

Post Office To Addressee

Mailing Label
Label 1-B, March 2004

Box

ORIGIN (POSTAL SERVICE USE ONLY)		PO Zip Code 76531	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	Postage \$ 18.95
Date Accepted 5-2-12	Scheduled Date of Delivery 5-4	Month 5	Day 4	Return Receipt Fee \$
Mo. Year 5 2	Scheduled Time of Delivery <input type="checkbox"/> Noon <input checked="" type="checkbox"/> PM	Year 12	Time 3:30	Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Int'l Alpha Country Code	Acceptance Emp. Initials BBG	
Flat Rate Weight 3.3	Int'l Alpha Country Code			

PRESS HARD. YOU ARE MAKING 3 COPIES.

FROM: (PLEASE PRINT) PHONE (857) 338-3333
JOHNY M. CLARK
121 N. RICE
HAMMILL, TX 76531
MAY 07 2012
BBG GROUP

FOR PICKUP OR TRACKING
 VISIT WWW.USPS.COM

DELIVERY (POSTAL SERVICE USE ONLY)		CUSTOMER USE ONLY	
Delivery Attempt 5-4	Time 3:35	<input checked="" type="checkbox"/> MAJORITY OF SIGNATURE (Domestic Mail Only) Additional merchandise is void if customer requests waiver of signature.	
Day 4	Time 3:35	<input type="checkbox"/> I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes signature of delivery.	
Mo. Day 4	Time 3:35	<input type="checkbox"/> NO DELIVERY Holiday <input type="checkbox"/> Mailer Signature	
Mo. Day 4	Time 3:35	<input type="checkbox"/> Weekends	

PAYMENT BY ACCOUNT
 Express Mail Corporate Acct. No.
 Federal Agency Acct. No. or Postal Service Acct. No.

TO: (PLEASE PRINT) PHONE
BMC, Group, INC
ATTN: CAROL PETERSON, INC
Po Box 3020
Chaukessen, MN 55317-3020



USPS packaging products have been awarded Cradle to Cradle Certification for their ecologically-intelligent design. For more information go to mbdc.com/usps

Please recycle.

