

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

Name of Debtor:  
**Cano Petro of New Mexico**

Case Number:  
**12-31550**

**YOUR CLAIM IS SCHEDULED AS:**  
POC ID: s2194  
Amount/Classification  
\$0.00 Unsecured


**RECEIVED  
MAY 07 2012**

*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):

The amount(s) reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth above, and have no other claim against the Debtor, you need not file this proof of claim EXCEPT as stated below.

**BMC GROUP**

Name and address where notices should be sent:  
 **29747777000400- 29747991002963**  
**Murphy 1987 Irrevocable Trust  
P. O. Box 2164  
Roswell, NM 88202-2164**

If the amount(s) shown above are listed as Contingent, Unliquidated and/or Disputed, a Proof of Claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (575 622-2330) email: **patricia.mtc@dfn.com**

**THIS SPACE IS FOR COURT USE ONLY**

Name and address where payment should be sent (if different from 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):  
Filed on: \_\_\_\_\_

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **All revenue held in suspense attributable to owners interest, past, present and future.**  
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 4.

**Maximum allowed by law**

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: **Overriding Royalty Interests in Oil and Gas Property**  
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
**Payee No. 10002076**

3a. Debtor may have scheduled account as:  
**Bert H. Murphy**  
(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. **Pay stub attached.**  
Nature of property or right of setoff:  
Describe:  
 Real Estate     Motor Vehicle     Other \_\_\_\_\_  
Value of Property: \$ **500,000**  
Annual Interest Rate: ~~Maximum~~  Fixed or  Variable (when case was filed) **allowed by law**  
Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ **Unknown (Subject to audit)**  
Basis for Perfection: **Section 9.343 of Texas Business and Commerce Code as may be amended, and all laws with all legal rights reserved.**  
Amount of Secured Claim: \$ **All revenue attributable to owner's interest.**  
Amount Unsecured: \$ **-0-**

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:  
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).       Taxes or penalties owed to governmental 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).       Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  
 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).       Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( \_\_\_\_\_ ).

**CANO PETROLEUM**  
  
00245

\* 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 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.

- [X] I am the creditor. [ ] I am the creditor's authorized agent. [ ] I am the trustee, or the debtor, or their authorized agent. [ ] I am a guarantor, surety, indorser, or other codebtor.

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: Murphy 1987 Irrevocable Trust Richard C. Taylor, Trustee Title: Company:

(Signature) [Handwritten Signature] (Date) 04/30/12

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

Telephone number: (575) 622-2330 email: richard.mtc@dfn.com

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 PETRO OF NEW MEXICO**

6500 N BELT LINE RD, SUITE 200  
 IRVING, TX 75063-6049  
 ROYALTY RELATIONS (214) 687-0030  
 DEBTOR IN POSSESSION, 12-31549

PAYEE NAME	PAYEE NO.	DATE	CHECK NUMBER	AMOUNT
<b>MURPHY 1987 IRREV TR</b>	<b>10002076</b>	<b>03/31/12</b>	<b>0105002439</b>	<b>\$767.00</b>

PC/Product Codes	Interest Types	ADJ Codes
1XX-Oil(BBLs)	WI-Working Interest	
2XX-Gas(MCF)	RI-Royalty Interest	
3XX-Condensate(BBLs)	BL-Blanchard	10.Backup Withholding Tax
4XX Plant Products(GALS/BBLs)	OR-Overriding Royalty	12.Non-Resident Income Tax (NM&OK)

Property #	DOI #	Property Name	State	County	Legal Decimal	OWNER VALUE	OWNER TAX	OWNER DEDUCTS	ADJ. CODE	NET SHARE
00110001	00002	Tomahawk Field-Cone Federal #2	NM	CHAVES	0.02979500					
122011	200	OR			1.25 0.02979500	0.09			0.04	0.05
012012	200	OR			2.04 0.02979500				0.06	-0.06
122011	400	OR			8.09 0.02979500	0.59	0.03		0.24	0.32
00110001	00003	Tomahawk Field-Cone Federal #2	NM	CHAVES	0.02979500					
012012	100	OR			0.02979500	825.16	58.47			766.69

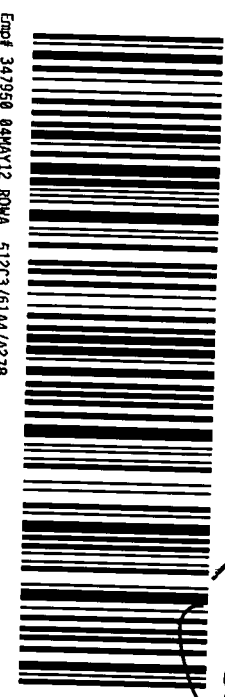
CURRENT CHECK	OWNER VALUE	OWNER TAXES	OWNER DEDUCTS	NET SHARE
	825.84	58.50	0.34	767.00

**TOTAL CHECK AMOUNT: 767.00**

PLEASE DETACH BEFORE PRESENTING FOR PAYMENT

**FedEx**  
 R# 8770 7391 6583  
**MON - 07 MAY A1**  
**PRIORITY OVERNIGHT**

**XH FBLA**  
**55317**  
 MN-US  
**MSP**



Emp# 342950 04MAY12 ROMA 512C3/61AA/A278

**xpress**

00052  
 00036

**FedEx** **NEW Package**  
 Express **US Airbill**

8770 7391 6583

1 From This portion can be removed for Recipient's records:  
 Date **05/04/12** FedEx Tracking Number **877073916583**

Sender's Name **Richard C. Taylor** Phone **575 622-2330**

Company **MAY TAYLOR & CO**

Address **302 W TILDEN ST**

City **ROSWELL** State **NM** ZIP **RECEIVED**

2 Your Internal Billing Reference **MAY 07 2012**

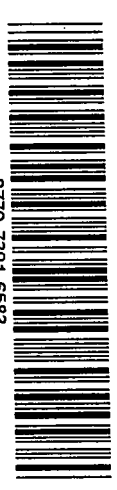
3 To Recipient's Name **BMC GROUP** Phone

Company **BMC Group, Inc.**

Address **Attn: Cano Petroleum Inc. Claims Processing  
 18675 Lake Drive East**

Address **Chanmassen** State **KM** ZIP **55317**

Address **0446987530**



8770 7391 6583

**RT 36**  
**1 B**  
 6583  
 05.07

*[Handwritten signature]*

**MUR4**

Recipient's Copy

4 Express Package Service \*To most locations  
 NOTE: Service order has changed. Please select carefully.  
 Form ID No. **0215**  
 Packages up to 150 lbs.  
 For packages over 150 lbs., see the new  
 FedEx Express freight US Airbill.

Next Business Day

2 or 3 Business Days

- FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Saturday unless SATURDAY Delivery is selected.
- FedEx Priority Overnight  
Next business morning. \*Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Standard Overnight  
Next business afternoon.
- FedEx Express Saver  
Third business day.
- NEW FedEx 2Day A.M.  
Second business morning.  
Saturday Delivery NOT available.
- FedEx 2Day  
Second business afternoon. \*Thursday shipments delivered on Monday unless SATURDAY Delivery is selected.
- FedEx Express Saver  
Third business day.

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

- 6 Special Handling and Delivery Signature Options  
 SATURDAY Delivery  
 NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.  
 No Signature Required  
 Package may be left without recipient's signature for delivery.  
 Direct Signature  
 Someone at recipient's address may sign for delivery. Fee applies.  
 Indirect Signature  
 If no one is available at recipient's address someone at a neighboring address may sign for delivery. Fee applies.  
 Signature Required  
 Signature required for delivery. Fee applies.  
 Signature Required  
 Signature required for delivery. Fee applies.

- 7 Payment Bill to:  
 Sender  Recipient  Third Party  Credit Card  Cash/Check  
 Emerg. Fedex Acct. No. or Credit Card No. below  
 Obtain recip. Acct. No.  
 Total Packages  Total Weight

8770 7391 6583

fedex.com 1800.GoFedEx 1800.463.3339

Rev. Date 1/1/10 • Part #183134 • ©1994-2010 FedEx • PRINTED IN U.S.A. 518