



<b>UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor: <b>Square One Energy, Inc.</b>		Case Number: <b>12-31552</b>	
<b>YOUR CLAIM IS SCHEDULED AS:</b>			
POC ID: s1947 Amount/Classification \$28,055.56 Unsecured			
<i>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.</i>			
Name of Creditor (the person or other entity to whom the debtor owes money or property):			
Name and address where notices should be sent:  29747777006922 ATLAS EQUIPMENT CO. AND DIVERSIFIED LEND PO BOX 892 EASTLAND, TX 76448  <i>254-442-2400</i>		<b>RECEIVED</b>  <b>MAY 14 2012</b>  <b>BMC GROUP</b>	
Creditor Telephone Number ( ) email:		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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.	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number (if known):</b>  Filed on: _____
Payment Telephone Number ( ) email:			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>18,135.74</u>			
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. <input type="checkbox"/> 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.			
<b>2. BASIS FOR CLAIM:</b> <u>Invoices for Services rendered</u> (See instruction #2)			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b>		<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. SECURED CLAIM:</b> (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. <b>Nature of property or right of setoff:</b> <b>Describe:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate:</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) <b>Amount of arrearage and other charges, as of time case filed, included in secured claim, if any:</b> \$ _____ <b>Basis for Perfection:</b> _____ <b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____			
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <b>Amount entitled to priority:</b> \$ _____ <b>You MUST specify the priority of the claim:</b> <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.			
<b>CANO PETROLEUM</b>  00272			
<b>6. CREDITS:</b> 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.

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: Jody Finley  
Title: owner  
Company: Atlas Equipment  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

Jody Finley  
(Signature)

5-7-12  
(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.

## 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, there may be exceptions to these general rules.*

### ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

**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 your 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.

### DEFINITIONS

**DEBTOR**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**CREDITOR**

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

**CLAIM**

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

**PROOF OF CLAIM**

A proof of claim is a form sued by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of the first page.

**SECURED CLAIM Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**UNSECURED CLAIM**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**REDACTED**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**EVIDENCE OF PERFECTION**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

### INFORMATION

**OFFERS TO PURCHASE A CLAIM**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 *et seq.*), and any applicable orders of the bankruptcy court.

**Date-Stamped Copy**

**Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.**

*Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.*

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

**ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com/Cano](http://www.bmcgroup.com/Cano)**

ATLAS EQUIPMENT COMPANY

P.O. BOX 892

EASTLAND, TEXAS 76448

254-629-2161

**Invoice**

Date	Invoice #
12/21/2010	11495

Bill To
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

Terms
Due on receipt

Item	Description	Qty	Rate	Amount
MISC.	ACCESS DRIVEWAY #SO00000006 12-20-10 LABOR TO BUILD ACCESS DRIVEWAY FACILITY ON FM 8, EASTLAND COUNTY, TEXAS			
	BID ITEM Sales Tax		7,000.00 6.75%	7,000.00 0.00
			<b>Total</b>	\$7,000.00

# ATLAS EQUIPMENT COMPANY

P.O. BOX 892  
 EASTLAND, TEXAS 76448  
 254-629-2161

# Invoice

Date	Invoice #
12/30/2010	11507

<b>Bill To</b>
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

<b>Terms</b>
Due on receipt

Item	Description	Qty	Rate	Amount
	GENOWAY			
	PO #SO00000006			
	12-9-10			
	LOCATE LINES; TIE IN WELLS TO SYSTEM			
BACKHOE		6	70.00	420.00T
POLY MACHINE...		3	65.00	195.00T
MISC.	AIR COMPRESSOR	2	30.00	60.00T
PICKUP		11	12.50	137.50T
LABOR		15.5	24.00	372.00T
MISC.	SUPPLIES		35.10	35.10T
	12-10-10			
	BLOW WATER OUT OF POLY LINE; HOOK UP TO SEPARATOR; GET COMPRESSOR STARTED			
PICKUP		5	12.50	62.50T
LABOR		10	24.00	240.00T
	12-14-10			
	TAKE OUT COMPRESSOR; INSTALL SCREW COMPRESSOR			
PICKUP		1.5	12.50	18.75T
LABOR		4.5	24.00	108.00T
	12-15-10			
	CUT OIL LUBE POT OFF SKID; CHANGE OUT COMPRESSOR ON SKID; DIG SLUG PIT FOR PULLING UNIT			
PICKUP		5	12.50	62.50T
LABOR		5	24.00	120.00T
	12-21-10			
	CHANGE OUT COMPRESSOR			
PICKUP		2	12.50	25.00T
LABOR		4	24.00	96.00T
	Sales Tax		6.75%	131.78
			<b>Total</b>	\$2,084.13

# ATLAS EQUIPMENT COMPANY

P.O. BOX 892

EASTLAND, TEXAS 76448

254-629-2161

# Invoice

Date	Invoice #
12/30/2010	11502

Bill To
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

Terms
Due on receipt

Item	Description	Qty	Rate	Amount
	MCMILLIAN			
	PO #SO00000006			
	12-14-10			
	HAUL CHERRYPICKER; BACKHOE TO LOCATION; DISCONNECT TAKES TO HAUL OFF			
EQUIPMENT HA...		3.5	60.00	210.00T
LABOR		3.5	24.00	84.00T
LABOR		3.5	24.00	84.00T
	12-15-10			
	START MOVING TANKS OFF LOCATION; TAKE TO #42 SITE AND DROP OFF			
BACKHOE		6	70.00	420.00T
EQUIPMENT HA...		4	60.00	240.00T
PICKUP		5	12.50	62.50T
CHERRYPICKER		4	75.00	300.00T
LABOR		5	24.00	120.00T
	12-16-10			
	MOVE TANKS TO #42 SITE			
BACKHOE		7	70.00	490.00T
CHERRYPICKER		7	75.00	525.00T
EQUIPMENT HA...		7	60.00	420.00T
PICKUP		10	12.50	125.00T
LABOR		9	24.00	216.00T
	12-17-10			
	FINISH MOVING TANKS, GUN BARRELS AND PUMP JACKS; DISCONNECT METER RUNS			
BACKHOE		4	70.00	280.00T
CHERRYPICKER		3	75.00	225.00T
EQUIPMENT HA...		4	60.00	240.00T
PICKUP		10	12.50	125.00T
LABOR		19	24.00	456.00T
			<b>Total</b>	

# ATLAS EQUIPMENT COMPANY

P.O. BOX 892

EASTLAND, TEXAS 76448

254-629-2161

# Invoice

Date	Invoice #
12/30/2010	11502

<b>Bill To</b>
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

<b>Terms</b>
Due on receipt

Item	Description	Qty	Rate	Amount
	12-20-10 CLEAN UP LOCATIONS			
BACKHOE		5	70.00	350.00T
PICKUP		7	12.50	87.50T
LABOR		11	24.00	264.00T
	12-21-10 CONTINUE TO CLEAN UP; MOVE PUMP JACK TO THE #21 LOCATION			
PICKUP		6	12.50	75.00T
LABOR		16	24.00	384.00T
	12-22-10 TEAR DOWN PUMP HOUSE; LOAD UP LAST OF JUNK PIPE			
BACKHOE		2	70.00	140.00T
PICKUP		7	12.50	87.50T
LABOR		12	24.00	288.00T
	Sales Tax		6.75%	425.15
			<b>Total</b>	<b>\$6,723.65</b>

ATLAS EQUIPMENT COMPANY  
P.O. BOX 892  
EASTLAND, TEXAS 76448  
254-629-2161

# Invoice

Date	Invoice #
1/6/2011	11518

<b>Bill To</b>
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

<b>Terms</b>
Due on receipt

Item	Description	Qty	Rate	Amount
PICKUP LABOR	GENOWAY PO #SO00000006 12-27-10 FILL METHANOL POT; SET UP BARREL WITH METHANOL FOR SUPPLY	3	12.50	37.50T
		6	24.00	144.00T
	Sales Tax		6.75%	12.25
			<b>Total</b>	\$193.75



# ATLAS EQUIPMENT COMPANY

P.O. BOX 892

EASTLAND, TEXAS 76448

254-629-2161

# Invoice

Date	Invoice #
1/6/2011	11517

Bill To
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

Terms
Due on receipt

Item	Description	Qty	Rate	Amount
PICKUP LABOR	19-1			
	PO #SO00000006			
	12-27-10			
	SET UP METHANOL POT; TIE INTO FLOW LINE	3	12.50	37.50T
	Sales Tax	6	24.00	144.00T
			6.75%	12.25
			<b>Total</b>	\$193.75

# ATLAS EQUIPMENT COMPANY

P.O. BOX 892

EASTLAND, TEXAS 76448

254-629-2161

# Invoice

Date	Invoice #
1/6/2011	11514

Bill To
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

Terms
Due on receipt

Item	Description	Qty	Rate	Amount
	MCMILLIAN			
	PO #SO00000006			
	12-23-10			
	CLEAN UP ON LEASE			
BACKHOE		6	70.00	420.00T
PICKUP		9	12.50	112.50T
LABOR		12	24.00	288.00T
	12-28-10			
	FINISH CLEAN UP ON LOCATION AND LEASE			
BACKHOE		7	70.00	490.00T
PICKUP		10	12.50	125.00T
LABOR		13	24.00	312.00T
	Sales Tax		6.75%	117.96
			<b>Total</b>	<b>\$1,865.46</b>

ATLAS EQUIPMENT COMPANY  
P.O. BOX 892  
EASTLAND, TEXAS 76448  
254-629-2161

# Invoice

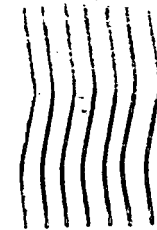
Date	Invoice #
7/14/2008	9124

<b>Bill To</b>
SQUARE ONE ENERGY 6500 N. BELT LINE ROAD, SUITE 200 IRVING, TEXAS 75063

<b>Terms</b>
Due on receipt

Item	Description	Qty	Rate	Amount
	DAVID HOUSE			
	5-29-08			
	LOAD DIRT ON TRUCKS			
PICKUP		2	12.50	25.00
OPERATOR		2	25.00	50.00
	Sales Tax		8.25%	0.00
			<b>Total</b>	\$75.00

Atlas Equipment  
P. O. Box 892  
Eastland, Texas 76448



RECEIVED  
MAY 14 2012  
BMC GROUP

BMC Group, Inc.  
Attn: Cano Petroleum, Inc.  
Claims Processing  
P.O. Box 3020  
Chanhassen, NM 55317-3020

5531733020 8050

