


B 10 (Official Form 10) (04/10)

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|--|---|---|
| UNITED STATES BANKRUPTCY COURT | | PROOF OF CLAIM |
| Name of Debtor: <u>Axis Onshore, LP</u> | | Case Number: <u>10-33569</u> |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Knight Oil Tools, Inc</u> | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ |
| Name and address where notices should be sent: <u>Knight Oil Tools, Inc Attn: Chris Hebert</u> <u>P O Box 52688</u> <u>Lafayette, LA 70505</u> Telephone number: <u>337-233-0464</u> | | |
| Name and address where payment should be sent (if different from above): | | <input type="checkbox"/> Check this 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 if you are the debtor or trustee in this case. |
| Telephone number: _____ | | |
| 1. Amount of Claim as of Date Case Filed: <u>\$ 7,866.72</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not 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. | | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. 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"/> 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"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____ *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. |
| 2. Basis for Claim: _____ (See instruction #2 on reverse side.) | | |
| 3. Last four digits of any number by which creditor identifies debtor: <u>0094</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) | | |
| 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % 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: \$ _____ | | |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. | | |
| 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | | |
| Date: <u>6/2/10</u> | Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. | |
| <u>Chris Hebert, Credit Manager</u> | | FOR COURT USE ONLY TriDimension  00028 |

FILED

JUN 10 2010

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

RECEIVED

JUN 29 2010

BMC GROUP

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.



Remit To...: INVOICE NO. - 227983
 KNIGHT OIL TOOLS, INC. INVOICE DATE - 12/3/2009
 P.O. BOX 53883
 LAFAYETTE, LA 70505-3883

D.T. Number : 21-28665 Date Shipped : 10/23/2009 ACME (D)
 Job Number : Date Returned : STILL OUT
 P.O. Number :
 Blanket P.O. :
 AFE Number :
 Ordered By : MR. CHRIS ROBERTSON Ship To : CENTERVILLE MISSISSIPPI --PICKED UP
 Customer No. : 050094 Lease : GRAVES
 Well Number : #1
 OCSG Number :
 Rig Number : PRECISION # 102
 State : LA STATE
 County : LAFAYETTE
 Terms : NET 45 DAYS

AXIS ONSHORE
 16610 DALLAS PKWY, STE 2500
 DALLAS, TX 75248

| QTY OUT | DESCRIPTION / SERIAL NUMBER | DATES BILLED | MIN DAY/AMOUNT ADD DAY/AMOUNT | TOTAL |
|---|---|--------------------------|----------------------------------|------------|
| 8 | SPIRAL WATE DRILL PIPE, 4-1/2" OD W/ 1 1/2" XH CONN KP45535, KP45208, KS451664, KP45535, KP45688, KP45594, KP45478 | 10/23/2009 11/23/2009 | 31 \$224.00 | \$6,944.00 |
| 16 | INSPECTION CHARGE PER TOOL CONNECTION INSCONN | | \$20.00 | \$320.00 |
| 16 | WASTE DISPOSAL SURCHARGE WASTE | | \$1.25 | \$20.00 |
| STILL RENTING....THANK YOU | | | | |
| SUBTOTAL AMOUNT..... | | | | \$7,284.00 |
| LA STATE (| | | \$7,284.00) | \$291.36 |
| TOWN OF BROUSSARD (| | | \$7,284.00) | \$291.36 |
| TOTAL AMOUNT..... | | | | \$7,866.72 |
| A DISCOUNT, IF PAID IN 45 DAYS, MAY BE DEDUCTED FROM THE TOTAL AMOUNT AS FOLLOWS: | | | | |
| (\$1,736.00) DISCOUNT AS INDICATED ON ITEMS MARKED (*) | | | | |
| (\$138.88) APPLICABLE TAXES ON DISCOUNTED ITEMS MARKED (*) | | | | |
| *** NET DUE IF PAYMENT RECEIVED BY 1/17/2010 WILL BE \$5,991.84 *** | | | | |

ORIGINAL

Customer hereby acknowledges receipt of the listed equipment and services and agrees to the Terms and Conditions on the reverse side which include, but are not limited to, payment, release, indemnity and waiver of warranty and that these Terms and Conditions comply with the express negligence rule and are conspicuous.

SIGNED: _____
 PRINT NAME: _____



*** DELIVERY TICKET ***

PAGE - 1
10/23/2009

Shipped From : 1-337-233-6666
P.O. BOX 52688 Fax: 1-337-233-6314
LAFAYETTE, LA 70505-2688 1-800-233-6666

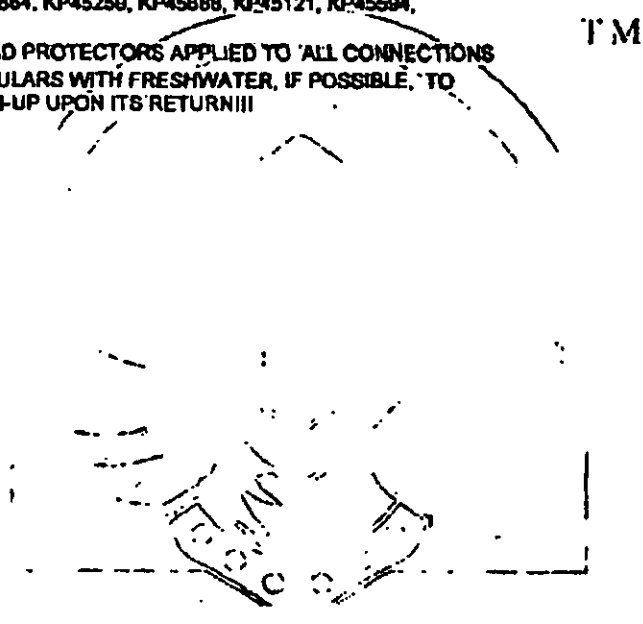
Date Shipped : 10/23/2009 ACME (D)

D.T. Number : 21-28665 GACOSTA
Job Number :
P. O. Number :
AFE Number :
Ordered By : MR. CHRIS ROBERTSON
Customer : 050094

AXIS ONSHORE
18610 DALLAS PKWY, STE 2500
DALLAS, TX 75248

Ship To : CENTERVILLE MISSISSIPPI
Lease : GRAVES
Well Number : #1
OCSG Number :
Rig Number : PRECISION # 102
State : LA SALES T
County : ST. BERNARD, PA

| QTY OUT | DESCRIPTION / SERIAL NUMBER | MIN DAY/AMOUNT ADD DAY/AMOUNT |
|------------|---|----------------------------------|
| 8 | SPIRAL WATE DRILL PIPE, 4-1/2" OD W/4-1/2" XH CONNS 1320# KP45535, KP45208, KS451864, KP45259, KP45688, KP45121, KP45594, KP45478 RUSTGUARD AND THREAD PROTECTORS APPLIED TO ALL CONNECTIONS NOTE: WASH DOWN TUBULARS WITH FRESHWATER, IF POSSIBLE, TO AVOID EXTENSIVE CLEAN-UP UPON ITS RETURN!!! | \$224.00 |



ORIGINAL

Customer hereby acknowledges receipt of the listed equipment and services and agrees to the Terms and Conditions on the reverse side which include, but are not limited to, payment, release, indemnity and waiver of warranty and that these Terms and Conditions comply with the express negligence rule and are conspicuous.

SIGNED: 

PRINT NAME: _____

By Authorized Representative

Northern District of Texas Claims Register

10-33569-sgj11 Axis Onshore, LP

Judge: Stacey G. Jernigan Chapter: 11

Office: Dallas

Last Date to file claims: 07/28/2010

Trustee:

Last Date to file (Govt):

| | | |
|--|---|--|
| <i>Creditor:</i> (13251127) <u>History</u> Knight Oil Tools, Inc. Attn: Chris Hebert PO Box 52688 Lafayette, LA 70505 | <i>Claim No:</i> 10 <i>Original Filed</i> <i>Date:</i> 06/10/2010 <i>Original Entered</i> <i>Date:</i> 06/18/2010 | <i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Rielly, Bill <i>Modified:</i> |
| Unsecured claimed: \$7866.72 | | |
| Total claimed: \$7866.72 | | |
| <i>History:</i> <u>Details</u> 10-1 06/10/2010 Claim #10 filed by Knight Oil Tools, Inc., total amount claimed: \$7866.72 (Rielly, Bill) | | |
| <i>Description:</i> | | |
| <i>Remarks:</i> | | |

Claims Register Summary

Case Name: Axis Onshore, LP

Case Number: 10-33569-sgj11

Chapter: 11

Date Filed: 05/21/2010

Total Number Of Claims: 1

| | Total Amount Claimed | Total Amount Allowed |
|-----------------------|----------------------|----------------------|
| Unsecured | \$7866.72 | |
| Secured | | |
| Priority | | |
| Unknown | | |
| Administrative | | |
| Total | \$7866.72 | \$0.00 |