


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

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: AXIS ONSHORE, LP AXIS ONSHORE, LP		Case Number: 10-33569
NOTE: <i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): DJ TESTING LLC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: DJ TESTING LLC. P.O. BOX 18114 NATCHEZ, MS. 39122-8114 Telephone number: 601-442-4810		Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<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.
1. Amount of Claim as of Date Case Filed: \$ 1,112.50		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: \$ _____
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.		
2. Basis for Claim: <u>service-tube testing</u> (See instruction #2 on reverse side.)		*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.
3. Last four digits of any number by which creditor identifies debtor: _____ 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: \$ _____		RECEIVED JUN 29 2010 BMC GROUP
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: 6-14-2010	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. Don W. Eminger <i>Don W. Eminger</i>	FOR COURT USE ONLY TriDimension  00032

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.

DJ TESTING, LLC
 P.O. Box 18114
 Natchez, MS 39122-8114

Bill To

AXIS ONSHORE, LP
 16610 DALLAS PKWY
 SUITE 2500
 DALLAS, TX. 75248

Phone #	Fax #
601-442-4810	601-442-4812

Invoice #	Date	Terms	Due Date	Rep	Lease	Well#
666	3/25/2010	Net 30	4/24/2010	EC	Weyerhaeu10-7	#1

Item	Quantity	Description	Rate	Amount
004	67	JOINTS 2 7/8 TUBING TEST		
010		MINIMUM CHARGE	675.00	675.00
023	4	2 7/8 TEST RUBBERS	20.00	80.00
042	130	MILES DRIVEN IN LA.@	2.75	357.50

Thank you for your business.	Total	\$1,112.50
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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> (13250671) DJ TESTING, LLC P.O. BOX 18114 NATCHEZ, MS 39122-8114	Claim No: 14 <i>Original Filed</i> Date: 06/16/2010 <i>Original Entered</i> Date: 06/23/2010	<i>Status:</i> Filed by: CR Entered by: Rielly, Bill Modified:
Unsecured claimed: \$1112.50 Total claimed: \$1112.50		
<i>History:</i> Details <u>14-1</u> 06/16/2010 Claim #14 filed by DJ TESTING, LLC, total amount claimed: \$1112.5 (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	\$1112.50	
Secured		
Priority		
Unknown		
Administrative		
Total	\$1112.50	\$0.00