


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

UNITED STATES BANKRUPTCY COURT Northern District of Texas		PROOF OF CLAIM
Name of Debtor: TriDimension Energy, L.P. f/k/a Ram Oil & Gas, LLC		Case Number: 10-33565
<small>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.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): XTO Energy, Inc.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: c/o J. Robert Forshey; Forshey & Prostok, L.L.P. 777 Main Street, Suite 1290 Fort Worth, TX 76102 Telephone number: 817-877-4151 bforshey@forsheyprostok.com		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): n/a		Filed on: _____
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.
1. Amount of Claim as of Date Case Filed: \$ <u>at least \$ 129,846.30</u>		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
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.
2. Basis for Claim: <u>services per contract, see attached document(s)</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
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.)		<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).
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: \$ _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<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).
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:		<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: \$ _____
		<small>*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.</small>
Date: <u>7/26/10</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.		FOR COURT USE ONLY
Elizabeth Murphy, Senior Counsel XTO Energy Inc.		TriDimension  00096

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.

DSDI0301 Display/Allocate Accounts Receivable Detail 7/22/10
 Corp. 100 ~~XTO ENERGY INC.~~ Unapplied CR
 Individual 185401 RAM OIL & GAS LLC Unapplied DR \$129846.30 ✓
 A/R Type 2 1-REV, 2-JIB, 3-AFE, 4-Other Balance \$129846.30
 Entity: _____ Net Well to Well N Comments
 A/C Cntr: _____ Reference No. _____
 Start Date: _____ Record Selected Display Closed Items? Y (Y/N)

Current	Over 30	Over 60	Over 90	Over 120	Balance
XX G/L Dt Reference No.	Ref Acnt	Entity	Tran Amt	Open Amt	
01 081031 JIB			48603.90	0.00	
02 081130 JIB			106431.00	106431.00	
03 081231 JIB			39007.50	0.00	
04 090120 DEPOSIT			48603.90CR	0.00	
05 090131 JIB			19665.00	0.00	
06 090202 DEPOSIT			39007.50CR	0.00	
07 090228 JIB			20661.80	0.00	
08 090331 JIB			17326.90	0.00	
09 090430 JIB			18626.70	18626.70	
10 090531 JIB			4788.60	4788.60	
11 090831 DEPOSIT			19665.00CR	0.00	
12 090924 DEPOSIT			20461.80CR	0.00	
F3=Exit F4=Goto F9=Detail F10=Alloc-Inq F11=Inq F21=Comments				129,846.30	✓

