

B 10 (Official Form 10) (12/07)

RECD
APR 24 2009

UNITED STATES BANKRUPTCY COURT Southern District of Ohio		PROOF OF CLAIM
Name of Debtor Tri Tex Resources, LLC		Case Number 2:08-bk-62733
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) Allen Wireline Service, Inc.		<input type="checkbox"/> Check this box if you are aware that this claim amends a previously filed claim. Court Claim Number (if known) Filed on _____
Name and address where notices should be sent: 2082 S. Treadaway, Abilene TX 79602		
Telephone number 325-672-5331		<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.
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 \$ <u>533.00</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.		
2 Basis for Claim: <u>services performed</u> (See instruction #2 on reverse side.)		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 \$10,950*) 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 \$2,425* 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 4/1/10 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 \$ _____		
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 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 4/13/09	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 his address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. [Signature] Koy V. Allen-President	FOR COURT USE ONLY

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

Triad Resources Inc
33-00113

FILED
APR 15 PM 3:35
JORDAN, CLERK
U.S. BANKRUPTCY COURT
COLUMBUS, OHIO

WIRELINE SERVICE, INC.

Phone: (325) 672-533

2082 SO. TREADAW/
ABILENE, TEXAS 796

Invoice
No. 99,503

DATE 8/14/08

TERMS: NET 30 DAYS

TO Tri Tex Resources LLC
Customer

Customer's Order No. _____

Addison TX 75001

Coleman Co., TX

DATE	WELL NO	WORK ORDER NO.	DESCRIPTION	AMOUNT
8/14	13	19439	Operator with well operator to shoot fluid level for H-15 test	250.00
			Over night Federal Express charge	27.00
			128 miles @ 2.00	256.00
				<u>533.00</u>

Southern District of Ohio Claims Register

2 08-bk-62733 Triad Resources, Inc

Judge: C Kathryn Preston

Chapter: 11

Office: Columbus

Last Date to file claims: 05/25/2009

Trustee:

Last Date to file (Govt):

<i>Creditor</i> (12280073) Allen Wireline Service Inc 2082 S Treadaway Albilene TX 79602	Claim No 113 <i>Original Filed</i> Date 04/15/2009 <i>Original Entered</i> Date 04/16/2009	<i>Status</i> Filed by CR Entered by 2kab, Modified
Unknown claimed \$533 00 Total claimed: \$533.00		

<i>History</i> <u>Details</u> <u>113-1</u> 04/15/2009 Claim #113 filed by Allen Wireline Service Inc, total amount claimed \$533 (2kab)
<i>Description</i>
<i>Remarks</i>

Claims Register Summary