

B 10 (Official Form 10) (12/08)

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REC'D
MAY 22 2009

UNITED STATES BANKRUPTCY COURT

Southern District of Ohio

PROOF OF CLAIM

Name of Debtor
Triad Resources Inc

Case Number
08-62733

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)
Ohio Department of Natural Resources

Check this box to indicate that this claim amends a previously filed claim

Name and address where notices should be sent
Michelle T Sutter Assistant Attorney General
30 East Broad Street 25th Floor
Columbus OH 43215
Telephone number
(614) 466-2766

Court Claim Number _____
(if known)

Filed on _____

Name and address where payment should be sent (if different from above)

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

Telephone number

Check this box if you are the debtor or trustee in this case

1 Amount of Claim as of Date Case Filed \$ See Exhibit A attached

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

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

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

Specify the priority of the claim

2 Basis for Claim See Exhibit A attached
(See instruction #2 on reverse side)

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)

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)

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 Real Estate Motor Vehicle Other
Describe

Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5)

Value of Property \$ _____ Annual Interest Rate _____ %

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)

Amount of arrearage and other charges as of time case filed included in secured claim,

if any \$ _____ Basis for perfection _____

Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8)

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

Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____)

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)

Amount entitled to priority

\$ _____

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

*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.

If the documents are not available, please explain

Date
05/22/2009

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.

Michelle T Sutter Assistant Attorney General

FOR COURT USE ONLY

FILED

MAY 21 2009

Triad Resources Inc



33-00202

EXHIBIT A

Debtors, Triad Resources, Inc , et al (“Triad ”), are the owners of 173 oil and gas wells in the State of Ohio The Ohio Department of Natural Resources (“ODNR ”) has regulatory authority over Triad as a result of such ownership under Ohio Revised Code Chapter 1509 and Ohio Administrative Code 1501.9 ODNR is in the process of inspecting all of the wells to determine the status of their compliance with the statutes and rules governing oil and gas wells at this time To date, ODNR has determined that ten wells in Washington and Noble Counties, Ohio are in violation of such statutes and rules ODNR has not yet been able to quantify the cost to it to cure such violations

Additionally, should Triad cease operations of the wells, each of the wells will need to be plugged ODNR has estimated that the cost to plug each well is the approximate sum of \$15,000

ODNR files this Proof of Claim and Statement in the event that any of the obligations listed in its Proof of Claim are held by to be “claims within the definition of 11 U.S.C. §101(4)

ODNR reserves the right to amend this proof of claim at a later date

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):

Creditor (12424113) Ohio Department of Natural Resources c/o Michelle T Sutter 30 East Broad Street, 25th Floor Columbus, OH 43215	Claim No: 202 <i>Original Filed Date</i> 05/21/2009 <i>Original Entered Date</i> 05/21/2009	Status <i>Filed by</i> CR <i>Entered by</i> Sutter, Michelle <i>Modified</i>
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Total claimed:

History

Details 202-1 05/21/2009 Claim #202 filed by Ohio Department of Natural Resources, total amount claimed \$0 (Sutter, Michelle)

Description. (202-1) Claim arising out of ownership of oil and gas wells

Remarks

Claims Register Summary