| B1 (Official Form 1) (1/08)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |                                                     |                                   |                                                                                                             |                                                                                                                                           |                                                                                                                       |                                                                                               |                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| UNITED STATES BANKRUPTCY CO<br>NORTHERN DISTRICT OF TEXA<br>DALLAS DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |                                                     |                                   |                                                                                                             |                                                                                                                                           |                                                                                                                       | Intary Petition                                                                               |                                                                                                                      |
| Name of Debtor (if individual, enter Last, First, Middle):<br>Billy L. and Joan Nabors, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                     |                                                     |                                   | Name of Joint Debtor (Spouse) (Last, First, Middle):                                                        |                                                                                                                                           |                                                                                                                       |                                                                                               |                                                                                                                      |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                     |                                                     |                                   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names): |                                                                                                                                           |                                                                                                                       |                                                                                               |                                                                                                                      |
| Last four digits of Soc. Sec. or Individual-Taxpa than one, state all): <b>75-1643686</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | yer I.D. (ITIN) No./C                                                                                                                                                                               | omplete EIN (if                                     | more                              |                                                                                                             | ur digits of Soc. Sene, state all):                                                                                                       | ec. or Individual-                                                                                                    | Taxpayer I.D. (ITIN)                                                                          | No./Complete EIN (if more                                                                                            |
| Street Address of Debtor (No. and Street, City,<br>2802 N. Highway 175<br>Seagoville, TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and State):                                                                                                                                                                                         |                                                     |                                   | Street                                                                                                      | Address of Joint D                                                                                                                        | ebtor (No. and S                                                                                                      | Street, City, and Sta                                                                         | te):                                                                                                                 |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                     | ZIP CODE<br>75159                                   |                                   |                                                                                                             |                                                                                                                                           |                                                                                                                       |                                                                                               | ZIP CODE                                                                                                             |
| County of Residence or of the Principal Place of<br>Dallas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of Business:                                                                                                                                                                                        |                                                     |                                   | County of Residence or of the Principal Place of Business:                                                  |                                                                                                                                           |                                                                                                                       |                                                                                               |                                                                                                                      |
| Mailing Address of Debtor (if different from stre<br>2802 N. Highway 175<br>Seagoville, TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | et address):                                                                                                                                                                                        |                                                     |                                   | Mailing                                                                                                     | Address of Joint I                                                                                                                        | Debtor (if differe                                                                                                    | nt from street addre                                                                          | ss):                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     | ZIP CODE<br>75159                                   |                                   |                                                                                                             |                                                                                                                                           |                                                                                                                       |                                                                                               | ZIP CODE                                                                                                             |
| Location of Principal Assets of Business Debto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | r (if different from str                                                                                                                                                                            | eet address ab                                      | ove):                             |                                                                                                             |                                                                                                                                           |                                                                                                                       |                                                                                               |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                     |                                   |                                                                                                             |                                                                                                                                           |                                                                                                                       |                                                                                               | ZIP CODE                                                                                                             |
| Type of Debtor         (Form of Organization)         (Check one box.)         Individual (includes Joint Debtors)         See Exhibit D on page 2 of this form.         ✓         Corporation (includes LLC and LLP)         Partnership         Other (If debtor is not one of the above entities, check this box and state type of entity below.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Chea<br>Health Care E<br>Single Asset f<br>in 11 U.S.C. §<br>Railroad<br>Stockbroker<br>Commodity B<br>Clearing Bank<br>✔ Other<br>Check bo<br>Debtor is a ta:<br>under Title 26<br>Code (the Inte | Real Estate as c<br>101(51B)<br>roker               | defined<br>)<br>ization<br>States |                                                                                                             |                                                                                                                                           | Natur<br>(Chec<br>U.S.C.<br>d by an<br>or a<br>house-                                                                 | of a Forei<br>Chapter 1<br>of a Forei<br>e of Debts<br>k one box.)<br>☑ Debts are<br>business | box.)<br>15 Petition for Recognition<br>ign Main Proceeding<br>15 Petition for Recognition<br>ign Nonmain Proceeding |
| Filing Fee     (Check one box.)     Chapter 11 Debtors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                     |                                   |                                                                                                             |                                                                                                                                           |                                                                                                                       |                                                                                               |                                                                                                                      |
| <ul> <li>Full Filing Fee attached.</li> <li>Filing Fee to be paid in installments (appli signed application for the court's consider unable to pay fee except in installments.</li> <li>Filing Fee waiver requested (applicable to attach signed application for the court's construction for the cour</li></ul> | ration certifying that<br>Rule 1006(b). See (<br>chapter 7 individua<br>onsideration. See C                                                                                                         | the debtor is<br>Official Form 3A<br>Is only). Must | λ.                                |                                                                                                             | Debtor is not a sma<br><b>ck if:</b><br>Debtor's aggregate<br>nsiders or affiliates)<br><b>ck all applicable</b><br>A plan is being filed | Il business debt<br>noncontigent lic<br>are less than \$<br><b>e boxes:</b><br>with this petitior<br>plan were solici | 2,190,000.<br>n.<br>ted prepetition from                                                      | <b>-</b> ( )                                                                                                         |
| Statistical/Administrative Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     | unsecured cred                                      | ditors                            |                                                                                                             |                                                                                                                                           |                                                                                                                       |                                                                                               | THIS SPACE IS FOR<br>COURT USE ONLY                                                                                  |
| Debtor estimates that, after any exempt p<br>there will be no funds available for distribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | roperty is excluded a                                                                                                                                                                               | and administrati                                    |                                   | es paid                                                                                                     | ,                                                                                                                                         |                                                                                                                       |                                                                                               |                                                                                                                      |
| Estimated Number of Creditors           1-49         50-99         100-199         200-999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1,000-<br>5,000                                                                                                                                                                                     | 5,001-<br>10,000                                    | 10,001-<br>25,000                 |                                                                                                             | 25,001-<br>50,000                                                                                                                         | 50,001-<br>100,000                                                                                                    | Over<br>100,000                                                                               |                                                                                                                      |
| Estimated Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1</b> ,000,001                                                                                                                                                                                   | \$10,000,001<br>to \$50 million                     | 50,000<br>to \$100                |                                                                                                             | \$100,000,001<br>to \$500 million                                                                                                         | \$500,000,001<br>to \$1 billion                                                                                       |                                                                                               |                                                                                                                      |
| Estimated Liabilities<br>\$0 to \$50,001 to \$100,001 to \$500,001<br>\$50,000 \$100,000 \$500,000 to \$1 milli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,000,001<br>on to \$10 million                                                                                                                                                                   | 10,000,001<br>to \$50 million                       | □<br>\$50,000<br>to \$100         |                                                                                                             | 100,000,001<br>to \$500 million                                                                                                           | 500,000,001<br>to \$1 billion                                                                                         | More than<br>\$1 billion                                                                      |                                                                                                                      |

Computer software provided by LegalPRO Systems, Inc., San Antonio, Texas (210) 561-5300, Copyright 1996-2009 (Build 9.0.31.7, ID 0122225068)

| B1 (Official Form 1) (1/08)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | Page 2                             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------|--|--|
| Voluntary Petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name of Debtor(s): Billy L. and Joa        | an Nabors, Inc.                    |  |  |
| (This page must be completed and filed in every case.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                    |  |  |
| All Prior Bankruptcy Cases Filed Within Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8 Years (If more than two, attach add      | ditional sheet.)                   |  |  |
| Location Where Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Case Number:                               | Date Filed:                        |  |  |
| Location Where Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Case Number:                               | Date Filed:                        |  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Affiliate of this Debtor (If more t        | han one, attach additional sheet.) |  |  |
| Name of Debtor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case Number:                               | Date Filed:                        |  |  |
| District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Relationship:                              | Judge:                             |  |  |
| Exhibit A       Exhibit B         (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)       I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                                          |                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Date                               |  |  |
| Exhibit C         Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?            Yes, and Exhibit C is attached and made a part of this petition.             No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                    |  |  |
| Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | hibit D                                    |                                    |  |  |
| <ul> <li>(To be completed by every individual debtor. If a joint petition is filed, each</li> <li>Exhibit D completed and signed by the debtor is attached and m</li> <li>If this is a joint petition:</li> <li>Exhibit D also completed and signed by the joint debtor is attached</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ade a part of this petition.               | separate Exhibit D.)               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing the Debtor - Venue<br>applicable box.) |                                    |  |  |
| Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                    |  |  |
| There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                    |  |  |
| Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                    |  |  |
| Certification by a Debtor Who Resid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | les as a Tenant of Residential Prope       | rty                                |  |  |
| (Check all applicable boxes.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                    |  |  |
| Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                    |  |  |
| (Name of landlord that obtained judgment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                    |  |  |
| $\overline{\tau}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address of landlord)                       |                                    |  |  |
| Debtor claims that under applicable nonbankruptcy law, there are circ monetary default that gave rise to the judgment for possession, after the second secon | umstances under which the debtor wou       | •                                  |  |  |
| Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                    |  |  |
| Debtor certifies that he/she has served the Landlord with this certifica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tion (11 U.S.C. & 362(1))                  |                                    |  |  |
| Computer software provided by LegalPRO Systems, Inc., San Antonio, Texa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 09 (Build 9.0.31.7, ID 0122225068) |  |  |

# **Voluntary Petition**

(This page must be completed and filed in every case)

## Name of Debtor(s): Billy L. and Joan Nabors, Inc.

| Signatures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Signature(s) of Debtor(s) (Individual/Joint)<br>I declare under penalty of perjury that the information provided in this petition is<br>true and correct.<br>[If petitioner is an individual whose debts are primarily consumer debts and has<br>chosen to file under chapter 7] I am aware that I may proceed under chapter 7,<br>11, 12 or 13 of title 11, United States Code, understand the relief available under<br>each such chapter, and choose to proceed under chapter 7.<br>[If no attorney represents me and no bankruptcy petition preparer signs the<br>petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).<br>I request relief in accordance with the chapter of title 11, United States Code,<br>specified in this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                               | Signature of a Foreign Representative         I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.         (Check only one box.)         I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.         Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| X Telephone Number (If not represented by attorney) Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Signature of Foreign Representative) (Printed Name of Foreign Representative) Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Signature of Attorney*         X       /s/ Joyce Lindauer         Joyce Lindauer       Bar No. 21555700         Joyce W. Lindauer       Bar No. 21555700         Joyce W. Lindauer       Bar No. 21555700         Joyce W. Lindauer       Bar No. 21555700         Joyce U. Lindauer       Bar No. 21555700         Joyce W. Lindauer       Bar No. 21555700         Joyce W. Lindauer       Bar No. 21555700         Joyce M. Lindauer       Stance         Joyce M. Lindauer       Bar No. 21555700         Joyce M. Lindauer       Bar No. 2007         Joyce M. Lindauer       Fax No. (972) 503-4034         07/13/2009       Date         *In a case in which § 707(b)(4)(D) | Signature of Non-Attorney Bankruptcy Petition Preparer         I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(b), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.         Printed Name and title, if any, of Bankruptcy Petition Preparer         Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |  |  |
| Signature of Debtor (Corporation/Partnership)         I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.         The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.         Billy L. and Joan Nabors, Inc.         X       /s/ Felicia Gomez         Signature of Authorized Individual         Felicia Gomez         Printed Name of Authorized Individual         Vice-President         Title of Authorized Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address   Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 07/13/2009<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | conforming to the appropriate official form for each person.<br>A bankruptcy petition preparer's failure to comply with the provisions of title 11<br>and the Federal Rules of Bankruptcy Procedure may result in fines or<br>imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

IN RE: Billy L. and Joan Nabors, Inc.

CASE NO

CHAPTER 11

# DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| For legal services, I have agreed to accept:           | \$11,039.00 |
|--------------------------------------------------------|-------------|
| Prior to the filing of this statement I have received: | \$6,039.00  |
| Balance Due:                                           | \$5,000.00  |

2. The source of the compensation paid to me was:

3. The source of compensation to be paid to me is:

- 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
  - □ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
- In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| 07/13/2009 | /s/ Joyce Lindauer                  |                  |
|------------|-------------------------------------|------------------|
| Date       | Joyce Lindauer<br>Joyce W. Lindauer | Bar No. 21555700 |
|            | Attorney at Law & Mediator          |                  |
|            | 8140 Walnut Hill Lane               |                  |
|            | Suite 301                           |                  |
|            | Dallas, TX 75231                    |                  |
|            | Phone: (972) 503-4033 / Fax: (972   | 2) 503-4034      |
|            |                                     |                  |

/s/ Felicia Gomez

Felicia Gomez Vice-President

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

IN RE: Billy L. and Joan Nabors, Inc.

CASE NO

CHAPTER 11

# VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/13/2009

Signature /s/ Felicia Gomez Felicia Gomez

Vice-President

Date \_\_\_\_\_

Signature \_\_\_\_\_

A-1 Lock Smith 2685 Walnut Hill Lane Dallas, TX 75229-5615

A-Thompson Refrigeration Attn: A/R Dept. 3214 N. Houston School Rd. Lancaster, TX 75134

ABEL Enterpise Inc. 1320 W. Frank Grand Saline, TX 75140

All American Cleaning Systems 110 North Iowa Street PO Box 288 Alcester, South Dakota 57001

All Staff Personnel Services, Inc. PO Box 2324 Waco, TX 76706

Alliance Insurance Agency 11300 N. Central Expwy. Ste. 202 Dallas, TX 75243-6705

American Express P O Box 297897 Fort Lauderdale, FL 33329-7879

American Hydaulics 4804 Almond Ave Dallas, TX 75247

American Industrial Tire Corp. PO Box 35451 Dallas, TX 75235 American National Bank of Texas PO Box 429 201 N. Highway 175 Saegoville, TX 75159-0429

Archon Equipment Services, LLC 406 Mavis Street Irving, TX 750651

ASC Enviornmental Services PO Box 806 Seagoville, TX 75159-0806

Aspen Publishers, Inc. 4829 Innovation Way Chicago, IL 60682-0048

Associated Cutting, Inc. 2676 Brenner, #A Dallas, TX 75220

AT&T Mobility PO Box 6463 Carol Stream, IL 60197-6463

AT&T Yellow Pages PO Box 630052 Dallas, TX 75263

AT&T Yellow Pages PO Box 650098 Dallas, TX 75265

Attorney General of Texas Bankruptcy Division P O Box 12548 Austin, TX 78711-2548 Awards & Creations by Cooks 218 E Rusk St Rockwall, TX 75087

B&B Ready Mix Inc. 4240 South Beltline Road Seagoville, TX 75159

Barnsco Inc. PO Box 541087 Dallas, TX 75354-1087

Bibby Financial Services PO Box 840875 Dallas, TX 75284-0875

Bruckner Truck Parts Dept. 1265 PO Box 2153 Burmiham, AL 35287

BUY-LO Auto Supply 101 Hall Road Seagoville, TX 75159

Caterpillar Financial Services 2120 West End Avenue Nashville, TN 37203

Cintas First Aid & Safety PO Box 1549 Coppell, TX 75019

Circle C Feed 7676 E US Highway 80 Terrell, TX 75161 City of Dallas Water Meter City Hall, 1 AN Dallas, TX 75277-0000

City of Dallas Street Sanitation 3112 Canton St. Dallas, TX 75226

City of Dallas BLDG INSP 320 E. Jefferson Blvd., RM 118 Dallas, TX 75203

City of Irving PO Box 152288 Irving, TX 75015-2288

City of Seagoville PO Box 369 702 N. Highway 175 Seagoville, TX 75159

Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774-0100

Comptroller of Public Accts Rev Acct Div/Bankruptcy Sec PO Box 13528 Austin, TX 78711

Construction Software (CST) 4500 Forest Drice, Suite 502 Cincinnati, OH 45242

Continental Batteries 4919 Woodall St. Dallas, TX 75247 Continental Equipment Company 8505 S. Central Expy. Dallas, TX 75241

Davis Land Surveying Co. Inc. 977 Ferguson Rd., Ste. 105 Dallas, TX 75228

Davis Motor Crane Service, Inc. 1222 North Loop 12 Irving, TX 75061

Dennis Plumbing Co. PO Box 150536 Arlington, TX 76015

Discover Card PO Box 6103 Carol Stream, IL 60197-6103

Dobbs & Company, PLLC 3003 LBJ Freeway Dallas, TX 75234

Dowager Utility Construction 2464 Mannana Drive Dallas, TX 75220

Environmental Standards PO Box 701176 Dallas, TX 75370-1176

Equipment Depot PO Box 974287 Dallas, TX 75397-4287 Equity Energy Service PO Box 889 Perryton, TX 79070

Ervin Leasing PO Box 1689 Ann Arbor, MI 48106-1689

Falcon Express Po Box 940303 Plano, TX 75094-0303

First Nat'l Drug Alliance PO Box 867152 Plano, TX 75086

First State Bank PO Box 850438 Mesquite, TX 75185-0438

Ford Motor Credit P O Box 152271 Irving, TX 75015

G&K Services PO Box 2131 Coppell, TX 75019-8131

GE Capital PO Box 536447 Atlanta, GA 30374-6447

GMAC PO Box 380902 Bloomington, MN 55438-0902 Grainger Dept. 813016391 PO Box 419267 Kansas City, Mo 64141-6267

Grand Saline Auto 136 E Garland St Grand Saline, TX 75140

Green Aggreagates Inc. PO Box 1457 Bridgeport, TX 76426

Harlow Filter Supply 4843 Almond Dallas, TX 75247

HeavyQuip 4901 W Rochelle Rd Irving, TX 75062

Hill Custom Graphics 213 Midnight Dr. Royse City, TX 75189

Holton Houston Builders, Inc. PO Box 86 Crandall, TX 75114

Honeycutt Sand & Gravel PO Box 308 Seagoville, TX 75159

Hose-Tech PO Box 92009 Southlake, TX 76092 IESI C&D Landfill 4144 Dick Price Rd. Fort Worth, TX 76140

Internal Revenue Service Mail Code DAL-5020 1100 Commerce Street Dallas, Texas 75242

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114

Jayball Equipment Co. 229 West Avery Dallas, TX 75208

Kempco Inspection Services 4747 Gulf Freeway Houston, TX 77023

Komatsu One Continental Towers 1701 W. Golf Road Rolling Meadows, IL. 60008

La Pradera 302 N Highway 175 Seagoville, TX 75159

Labor Ready PO Box 676412 Dallas, TX 75267-6412

Lindy Lott 11550 Plano Road, Ste. 124 Dallas, TX 75243 LRP Industries 11531 Chariman Dr. #100 Dallas, TX 75243

Lubrasystems PO Box 971335 Dallas, TX 75397-1335

Mack Financial Services PO Box 7247-0236 Philadelphia, PA 19170-0236

Metro Cutting & Sealing PO Box 337 Lewisville, TX 75057

Metro-Repro, Inc. PO Box 5600092 Dallas, TX 75356-0092

Microsoft P.O. Box 12609 Tucson, AZ 85732-2609

Midco Sling & Cable Co 9101 John Carpenter Frwy. Dallas, TX 75247

MIKO Trucking CO 1100 Crestridge Ct. Irving TX 75061

Mirage Hotel 3400 S. Las Vegas Blvd las Vegas, NV 89109 Mister Sweeper, LP PO Box 560048 Dallas, TX 75356-0048

Mitchell Welding PO Box 692 Terrell, TX 75160

Net Wave Communications PO Box 2121 Mansfield, TX 76063

North Texas Trucking, Inc. PO Box 542842 Dallas, TX 75354

PC Officenation 425 Huehl Road Building 5 Northbrook, IL 60062

PCL Contract Bonding Agency 3010 LBJ Freeway, Ste. 920 Dallas, TX 75234

Performance Drive, Inc. PO Box 495 Wolfe City, TX 75496

Performance Pulsation P.O. Box 860396 Plano, TX 75086

ROMCO Equipment Co PO Box 841496 Dallas, TX 75284-1496 Silver Creek Materials, Inc. PO Box 150665 Fort Worth, TX 76108

Silverado Diesel & Truck Repair PO Box 360013 Dallas, TX 75253

Southwest Construction Services 11430 Newkirk Dallas, TX 75229

Sparkletts & Sierra Springs P.O. Box 660579 Dallas, TX 75266-0579

Sprint PO Box 4181 Carol Stream, IL 60197-4181

Staples 500 Staples Drive Framingham, MA 01701-9279

Star Tire Company PO Box 541508 Dallas, TX 75354

Stewart Gas 704 Hall Rd Seagoville, TX 75159

Stuart Hose & Pipe Co. 701 Riverside Dr. Fort Worth, TX 76111 Stucco Doctor 2003 2126 James St. Denton, TX 76205

Sun Coast Resources, Inc. PO Box 972321 Dallas, TX 75397-0321

Sunbelt Rentals PO Box 409211 Atlanta, GA 30384-9211

Superior Cooling Services Inc. 2227 Irving Blvd. Dallas, TX 75207

Superior Trailer 501 Hwy. 80 East Sunnyvale, Tx 75182

Tel West Network Services PO Box 94250 Seattle, WA 98724-8124

Tes Tank Inc. 8317 Rock Canyon Court Fort Worth, TX 76123

Texas Star Concrete Services LLC PO Box 1147 Euless, TX 76039

Texas Workforce Commission 101 E. 15th St. Austin, TX 78778 The Repair Center 2913 W. Shady Grove Irving, TX 75060

TMBP Consulting Engineers, Inc.
2301 Akard St., Ste. 405
Dallas, TX 75201-1752

Truckpro, Inc. PO Box 405137 Atlanta, GA 30353-8189

Tudor Insurance Co. 400 Parson's Pond Drive PO Box 607 Franklin Lakes, NJ 07417-9885

TXU Electric PO Box 100001 Dallas, TX 75310-0001

U. S. Attorney Main & Justice Bldg. 10th & Pennsylvania NW Washington, DC 20530

U. S. Trustee's Office 1100 Commerce Street Room 976 Dallas, TX 75242

United Fire Group PO Box 73909 Cedar Rapids, Iowa 52407-3909

United Healthcare Dept. CH 10151 Palatine, IL 60055-0151 United Rentals File 51122 Los Angeles, CA 90074-1122

Universal Fence Company 2030 S. Nursery Irving, TX 75060

Universal Map PO Box 15 Williamston WI 48895-0015

US Pest & Termite 309 N. Galloway, Ste. 106 Mesquite, TX 75149

Walker Reprographics 3225 N. Hwy 67, Ste. B Mesquite, TX 75150

Walnut Hill Wrecker Service 17103 Preston Rd. Ste #175 Dallas, TX 75248

Waste Management (Lewisville Hauling) P.O. Box 78251 Phoenix, AZ 85062-8251

Weaver Spring & Brake PO Box 949 Hutchins, Tx 75141

Whole Food Store 550 Bowie Street Austin, TX 78703-4644 Wildcat Cranes 592 Ed. Coady Rd. Fort Worth, TX 76134

WW Grainger, Inc. Dept. 192 813016391 Palatine, IL 60038-0001

WW Webber LLC PO Box 403 Hillsboro, TX 76645