



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1202299
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1202299

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Thoroughbred Associates L.L.C.
Well Name	Bradford 1-29
Doc ID	1202299

All Electric Logs Run

Dual Induction
Micro
Sonic
Neutron



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Thoroughbred Associates, LLC.

29-23s-23w Hodgeman co.

8100 E.22nd St. Suite 600
Wichita, Ks. 67226

Bradford #1-29

Job Ticket: 52009

DST#: 1

ATTN: Bobby Patton

Test Start: 2014.04.28 @ 14:27:12

GENERAL INFORMATION:

Formation: **Cherokee Sand**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 18:41:27

Time Test Ended: 00:19:27

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 53

Interval: 4608.00 ft (KB) To 4673.00 ft (KB) (TVD)

Reference Elevations: 2404.00 ft (KB)

Total Depth: 4673.00 ft (KB) (TVD)

2394.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 6773 Outside

Press@RunDepth: 751.03 psig @ 4609.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.04.28

End Date:

2014.04.29

Last Calib.:

2014.04.29

Start Time: 14:27:17

End Time:

00:19:27

Time On Btm:

2014.04.28 @ 18:39:27

Time Off Btm:

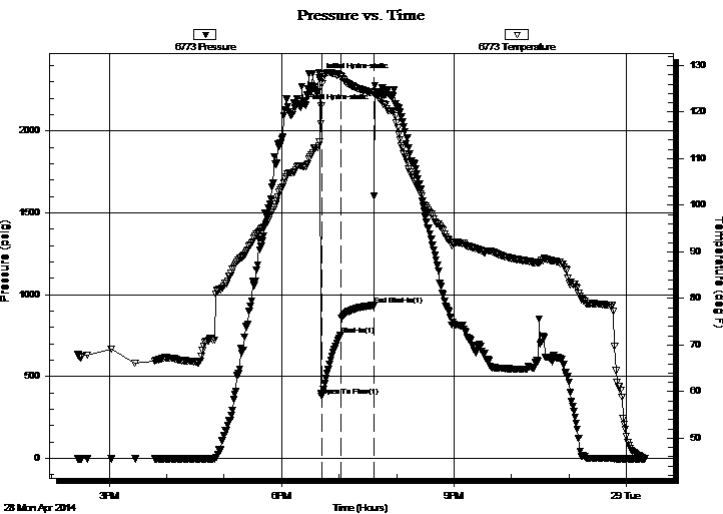
2014.04.28 @ 19:37:27

TEST COMMENT: IF: Strong blow . B.O.B. in 1 min.

IS: No blow .

FF: Pulled test.

FS: Pulled test.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2324.04	113.57	Initial Hydro-static
2	380.78	121.36	Open To Flow (1)
22	751.03	127.75	Shut-In(1)
57	934.85	124.09	End Shut-In(1)
58	2276.66	124.16	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
186.00	WCM 35%w 65%m	0.97
186.00	WCM 15%m 85%w	2.61
930.00	WCM 3%m 97%w	13.05
180.00	MWOG 2%o 3%g 35%w 60%m	2.52

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Thoroughbred Associates, LLC.

29-23s-23w Hodgeman co.

8100 E.22nd St. Suite 600
Wichita, Ks. 67226

Bradford #1-29

Job Ticket: 52009

DST#: 1

ATTN: Bobby Patton

Test Start: 2014.04.28 @ 14:27:12

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

26000 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.39 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
186.00	WCM 35%w 65%m	0.969
186.00	WCM 15%m 85%w	2.609
930.00	WCM 3%m 97%w	13.045
180.00	MVOG 2%o 3%g 35%w 60%m	2.525

Total Length: 1482.00 ft Total Volume: 19.148 bbl

Num Fluid Samples: 0

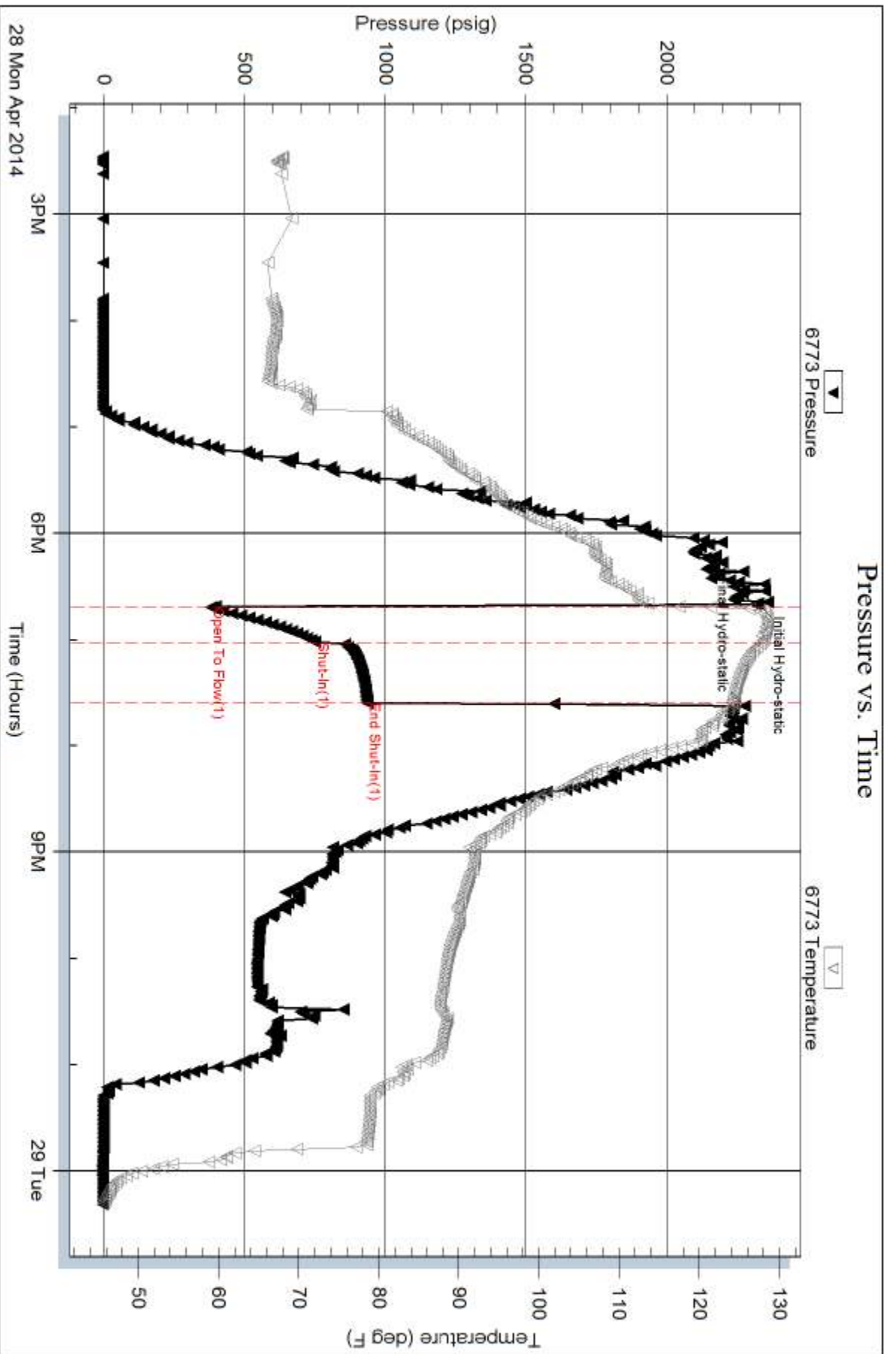
Num Gas Bombs: 0

Serial #: None

Laboratory Name:

Laboratory Location:

Recovery Comments: RW is .37 & 50 degrees, = 26000



FIELD SERVICE TICKET
1717 04768 A

BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE
1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

DATE OF JOB	4-22-14	DISTRICT	1717
CUSTOMER	Associated Througlered		
ADDRESS	STATE KS		
CITY	STATE KS		
AUTHORIZED BY	Sgt. [Signature]		
EQUIPMENT#	78938	EQUIPMENT#	19370
ARRIVED AT JOB	4-22-14	ARRIVED AT JOB	4-22-14
START OPERATION	4-22-14	START OPERATION	4-22-14
FINISH OPERATION	4-22-14	FINISH OPERATION	4-22-14
RELEASED	4-22-14	RELEASED	4-22-14
MILES FROM STATION TO WELL	100	MILES FROM STATION TO WELL	100

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered.)
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.
SIGNED: [Signature]

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL110	Premium Plus Gas	✓ SKL	200		3260.00
CC109	Galvan Oxide	✓ 15	376		394.80
CC102	Cellulose	✓ 16	51		188.70
E101	Heavy Equipment Mfgs	mi.	200		1400.00
CC240	Blowdown Mfgs	SKL	200		280.00
E113	Blowdown Mfgs	TA	940		2068.00
CC200	Depth Change	lbs	1		1050.00
E100	Piling Mfgs	mi.	100		425.00
S203	Service Support	hr	1		175.00

SUB TOTAL		6985.54
SERVICE & EQUIPMENT % TAX ON \$		
MATERIALS % TAX ON \$		
TOTAL		

SERVICE REPRESENTATIVE: [Signature]
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.

Cement Report

Customer Thoroughbred Assoc		Lease No. 225	Date 4-30-14
Lease Bradford		Well # 1-29	Service Receipt 0
Casing	Depth	County Hodgeman	State KS
Job Type 242 PTA	Formation	Legal Description 29-23-23	

Pipe Data		Perforating Data		Cement Data
Casing size	Tubing Size	Shots/Ft		Lead
Depth	Depth	From	To	Tail in 250 sk 60/40 Poz
Volume	Volume	From	To	
Max Press	Max Press	From	To	
Well Connection	Annulus Vol.	From	To	
Plug Depth	Packer Depth	From	To	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30					on loc site assessment
7:45					spot trucks rig up
8:00					safety meeting - JSA
8:30					pressure test 1000#
8:45					circ @ 1570'
9:00	100		13.5	4	mix + pump 50 sk 60/40 Poz
9:05	100		19	4	disp balanced plug
10:00					circ @ 720'
10:05	100		21.5	4	mix + pump 80 sk
10:10	100		4.5	4	disp balanced plug
10:30					circ @ 330'
10:35	100		13.5	4	mix + pump 50 sk
10:40	100		1	3	disp balanced plug
11:00					circ @ 60'
11:05	100		5.3	3	mix + pump 20 sk
11:10					circ cut to surface
11:20					plug rat hole w/ 30 sk
					+ mouse hole w/ 20 sk
11:30					job complete

Service Units	3472e	2716e9	30463195e6		
Driver Names	A Owen	B Miller	C Gentry		

M Kerr
Customer Representative

J Barnett
Station Manager