

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31514
Name: Thoroughbred Associates, LLC
Address 1: 8100 E. 22nd St. No.
Address 2: Bldg. 600, Suite F
City: Wichita State: KS Zip: 67226 +
Contact Person: Robert C. Patton, Managing Partner
Phone: (316) 685-1512
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Steven Murphy
Purchaser: N/A

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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
03/27/12 04/08/12 04/08/12
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 025-21,540-0000
Spot Description: _____
SE NE NE Sec. 6 Twp. 30 S. R. 23 East West
700 Feet from North / South Line of Section
215 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Clark
Lease Name: B-F/Reinert Well #: 1-6
Field Name: _____
Producing Formation: N/A
Elevation: Ground: 2509 Kelly Bushing: 2519
Total Depth: 6172 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 504' @ 517' 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: Thoroughbred Associates, LLC
Lease Name: _____ License #: _____
Quarter NE Sec. 6 Twp. 30 S. R. 23 East West
County: Clark Permit #: _____

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Robert C. Patton
Title: Robert C. Patton, Managing Partner Date: 06/25/12

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: PLA Dg Date: 7/3/12

Operator Name: Thoroughbred Associates, LLC Lease Name: B-F/Reinert Well #: 1-6
 Sec. 6 Twp. 30 S. R. 23 East West County: Clark

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See Attached
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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
Surface	12-1/4"	8-5/8"		517'	ASERV Lite	150	6% gel; 3% cc
					Common	150	2%cc w/1/4# FC

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				

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

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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
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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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: N/A
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Attachment to ACO-1

OPERATOR: Thoroughbred Associates, LLC
LEASE NAME: B-F/Reinert #1-6
LOCATION: Approx SE NE NE, 700'FNL & 215'FEL
Sec. 6-T30S-R23W
Clark County, Kansas
API#: 15-025-215400000

DST #1 5090-5130 (Pawnee Ls) 30-45-30-60. IF: wk blow in 1.5 minutes; ISI: no BB; FF: weak blow 1"; FSI no BB. Rec. 35' socm (2% oil, 98% mud). FP 22-45/29-44#. SIP 1364/1327#. HP 2570/2461#. BHT 112 degrees F.

LOG TOPS

Heebner	4368'	-1849
Toronto	4383'	-1864
Brown Lime	4428'	-1909
Lansing	4452'	-1933
Muncie Creek	4732'	-2213
Stark	4887'	-2368
BKC	5009'	-2490
Pawnee	5104'	-2585
Morrow Sh	5268'	-2749
Morrow SS	5274'	-2755
Mississippi	5280'	-2761
Viola	5992'	-3473
LTD	6175'	

E-LOGS

Micro Log
Sonic Log
Dual Induction Log
Compensated Density/Neutron PE
Geological Report

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BASIC[™]
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 05922 A

DATE _____ TICKET NO. _____

DATE OF JOB 4-8-12 DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:		
CUSTOMER Thoroughbred Associates LLC		LEASE B-S / Re-omit		WELL NO. 1-6				
ADDRESS		COUNTY Clark		STATE KS				
CITY		STATE		SERVICE CREW Orlando, Mitchell, Lawrence				
AUTHORIZED BY		JOB TYPE: Cnw - PTA						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	TIME
27283	2						4-8-12	3:00 AM
27463	2							6:00 AM
17831-21010	2							7:00 AM
								9:00 AM
								9:30 AM
						MILES FROM STATION TO WELL	65	

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: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CE P103	60/40 PDZ	SK	170		2040.00
CE 200	Cement Gel	Lb	294		73.50
CE 100	Pickup Mileage	mi	65		276.25
CE 101	Heavy Equipment Mileage	mi	130		910.00
CE 113	Bulk Delivery	Tm	478		764.40
CE 202	Depth Charge 1001-2000'	ea	1		1500.00
CE 240	Blending & Mixing	SK	170		238.00
SU003	Service Supervisor	ea	1		175.00
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CHEMICAL / ACID DATA:

SUB TOTAL DLS 4781.72

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.

BASIC

ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET

1718 05991 A

DATE _____ TICKET NO. _____

DATE OF JOB: 3-28-2012		DISTRICT: PRATT, Ks.		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.: 1-6	
CUSTOMER: THOROUGHbred ASSOCIATES LLC				LEASE: B-F/REINERT				WELL NO. K76	
ADDRESS:				COUNTY: CLARK		STATE: Ks.			
CITY:				STATE:		SERVICE CREW: LESLEY, MARQUEZ, LAURENCE			
AUTHORIZED BY:				JOB TYPE: CNW-8 5/8" 5.7.					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	1						3-28-12	AM	4:00
19889-19843	1							AM	6:15
19831-19862	1							AM	7:00
								AM	8:05
								AM	9:00
						MILES FROM STATION TO WELL: 65			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

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SIGNED: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
MP 106	ASERV LITE	SK	150		1950.00
CP 100	COMMON CEMENT	SK	150		2,400.00
CC 102	CELL-FLAKE	lb	75		277.50
CC 109	CALCIUM CHLORIDE	lb	675		708.75
2F 105	TOP RUBBER CONT. PLUG, 8 5/8"	EA	1		225.00
E 100	PICKUP MILEAGE	MI	65		276.25
E 101	HEAVY EQUIPMENT MILEAGE	MI	130		910.00
E 113	BULK DELIVERY CHARGE	TM	884		1,414.40
CE 200	DEPTH CHARGE, 0-500'	HR	1-4		1,000.00
CE 240	BLENDING SERVICE CHARGE	SK	300		420.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

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794952

SUB TOTAL ~~8005.52~~

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL	DCS	8005.52

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