



KANSAS CORPORATION COMMISSION 1069227
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



1069227

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

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

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 type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|---|---|

| 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 |
| _____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone | | | | |
| | | | | |

| 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 Bbbs. | Gas Mcf | Water Bbbs. | 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 52769
FIELD TICKET REF # 45221
LOCATION Thayer
FOREMAN Greg Wilk

TREATMENT REPORT
FRAC & ACID

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--------|------------|--------------------|---------|----------|-------|--------|
| 8-1-11 | 4759 | Oil 6116, 122#7 | 22 | 25 | 17 | WCO |

CUSTOMER
Legends Oil & Gas

MAILING ADDRESS

CITY STATE ZIP CODE

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|----------|----------|---------|--------|
| 524 | T. J. S. | | |
| 478 | Alvins | | |
| 582 | Wes | | |
| 481/1103 | Steve | | |

WELL DATA

CASING SIZE 2 7/8 TOTAL DEPTH 922

CASING WEIGHT PLUG DEPTH

TUBING SIZE PACKER DEPTH

TUBING WEIGHT OPEN HOLE

PERFS & FORMATION
722-30 (25) Squirrel

TYPE OF TREATMENT
Acid Spot / Sand Frac

CHEMICALS

| | |
|-------------------------|------------------------|
| <u>City Water</u> | <u>75 15% HCl Acid</u> |
| <u>100 Gall</u> | <u>100 Gall</u> |
| <u>20 Gall Propanol</u> | <u>Shovel</u> |
| <u>Blonde</u> | |

| STAGE | BBL'S PUMPED | INJ RATE | PROPPANT PPG | SAND / STAGE | PSI | |
|----------------|--------------|----------|--------------|--------------|-----|-----------------|
| Pad | 15 | 116 | | | | BREAKDOWN 1300 |
| 20/110 | | | | 300 | | START PRESSURE |
| 12/120 | | | | 1700 | | END PRESSURE |
| clamp 10 balls | | | | | | BALL OFF PRESS |
| 12/120 5 balls | | | | 300 | | ROCK SALT PRESS |
| 12/120 | | | | 1700 | | ISIP 325 |
| Flushover | 10 | | | | | 5 MIN |
| Release balls | | | | | | 10 MIN |
| Overflow | 3 | | | | | 15 MIN |
| Release | | | | | | MIN RATE |
| Overflow | 2 | | | | | MAX RATE |
| | | | | | | DISPLACEMENT |
| Totals | 130 | | | 4000 | | |

REMARKS: Spot acid to perforate breakdown into sand stage

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

Owens Petroleum Services, LLC
 Scott and Jody Owens
 1274 202nd Rd
 Yates Center, KS 66783

(620) 625-3607

Invoice

| |
|---|
| Bill To: |
| Legend Oil & Gas Ltd. 1420 5th Avenue, Suite 2200 Seattle, WA 98101 |

| LEASE | WELL # | DATE | INVOICE# |
|----------------|--------|----------|-------------|
| Orth Gillespie | 7 | 7/7/2011 | 070711,OGil |

| DETAIL | HRS/GALS/QTY | RATE | AMOUNT |
|--|--------------|--------|-------------------|
| *DOZER Dug drill pit and pushed trees | | 500.00 | 500.00 |
| *TANK TRUCK Filled pit with water | | 225.00 | 225.00 |
| *SET SURFACE AND CEMENT 20 bags of Monarch cement | | 500.00 | 500.00 |
| *DRILLING RIG Rig TD - 846' Pipe TD - 829' S/N - 770' | 846.0 | 7.00 | 5,922.00 |
| Total: | | | \$7,147.00 |

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

| Date | Invoice # |
|----------|-----------|
| 7/9/2011 | 45606 |

Cement Treatment Report

Legend Oil & Gas Ltd.
4500, 601 Union Street
Seattle, WA 98101

(x) Landed Plug on Bottom at 700 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Set Float Shoe

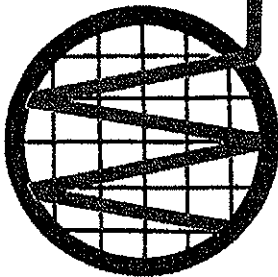
TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 5/8"
 TOTAL DEPTH: 846

| Well Name | Terms | Due Date | | |
|-----------------------|-------------|-------------------------------|----------|--|
| | Net 15 days | 7/9/2011 | | |
| Service or Product | Qty | Per Foot Pricing/Unit Pricing | Amount | |
| Run and cement 2 7/8" | 829 | 3.00 | 2,487.00 | |
| Sales Tax | | 7.30% | 0.00 | |

Orth-Gillespie #7
Woodson County
Section: 22
Township: 25
Range: 17

Hooked onto 2 7/8" casing. Established circulation with 5.5 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 84 sacks of OWC, dropped rubber plug, and pumped 5 barrels of water

| | |
|-------------------------|-------------------|
| Total | \$2,487.00 |
| Payments/Credits | \$0.00 |
| Balance Due | \$2,487.00 |



INVOICE

MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING SERVICES

P. O. Box 68

Osawatomie, KS 66064

913/755-2128

OUR NO.

24235

Legends Oil & Gas, LTD
 4500 601 Union St
 Seattle, WA 98101

Orth Gillispie #7
 Woodson County, Ks

SOLO

SHIPPED TO

PLEASE USE THIS INVOICE FOR PAYMENT
 NO MONTHLY STATEMENTS RENDERED

| CUSTOMER ORDER NO. | SALESMAN | DATE SHIPPED | SHIPPED VIA | INVOICE DATE | TERMS |
|-------------------------------|---|--------------|-------------|--------------|------------------------|
| J. Scheibeir | | 7/18/11 | | | |
| QUANTITY | DESCRIPTION | | | PRICE | AMOUNT |
| 1 ea | Gamma Ray / Neutron / CCL | | | | \$ 450.00 |
| 25 ea | 2" DML RTG 120° Phase Three (3) Perforations Per Foot Minimum Charge -- Ten (10) Perforations Fifteen (15) Additional Perforations @\$20.00 ea | | | | \$ 725.00 \$ 300.00 |
| Perforated at: 772.0 to 780.0 | | | | | |
| TOTAL | | | | | \$ 1475.00 |

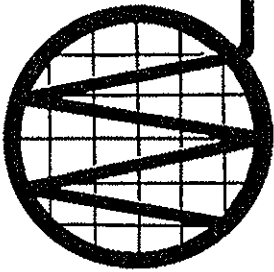
NET DUE UPON RECEIPT

Less Charge of 1-1/2% per Month on Accounts over 90 Days.

White-Customer Canary-Accounting

Service Order and Delivery Receipt

OUR NO.



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

P. O. Box 68
Osawatimie, KS 66064
913/755-2128

24235

Date 7/19/11

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered CR/MIT/CC/Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Legends Oil & Gas, L.T.D. By [Signature]
Customer's Authorized Representative

Charge to Legends Oil & Gas, L.T.D. Customer's Order No. J. Scheibmeier

Mailing Address [Blank]

Well or Job Name and Number Orth. G. 11/2. r. i. No-7 County Woodson State Kans.

| QUANTITY | DESCRIPTION OF SERVICE OR MATERIAL | PRICE |
|----------|---|-----------|
| 1 ea | Geomax Ray / Newton 1cc | \$ 450.00 |
| 2.5 ea | 2" DML RTG 120° Phase | |
| | Three (3) Perforations Per Foot | |
| | Minimum Charge - Ten (10) Perforations | \$ 725.00 |
| | RTG (15) Additional Perforations @ 20.00 ea | \$ 300.00 |