



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: _____



1069239

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD New 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				

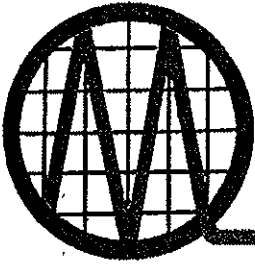
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<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> _____	<input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> _____ _____



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P.O. Box 68 • Osawatomie, KS 66064

Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: Legends Oil & Gas, LTD

Lease/Field: Massoth-Ellis Lease

Well: # 1-02

County, State: Woodson County, Kansas

Service Order #: 24640

Purchase Order #: N/A

Date: 9/7/2011

Perforated @: 794.0 to 804.0

Type of Jet, Gun
or Charge: 2" DML RTG 120 Degree Phase

Number of Jets,
Guns or Charges: Thirty One (31)

Casing Size: 2 7/8"



Invoice

MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES
 P. O. Box 68 • Osawatomie, KS 66064
 Phone 913-755-2128

Date	Invoice #
9/7/2011	24640

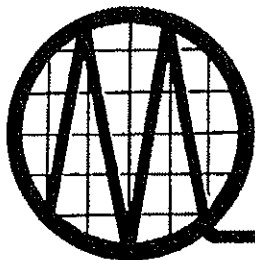
Bill To
LEGENDS OIL & GAS, LTD 4500 601 UNION ST SEATTLE, WA 98101

Ship To
MASSOTH-ELLIS 1-02 WOODSON CO. KS

Customer Order No.	Terms
MD GOLDBERG	NET 30

Quantity	Description	Amount
1	2.16" PLUG WELL BRIDGE PLUG 10,000# RATED WIRELINE SET --- DRILLABLE	850.00
31	2" DML RTG 120 ° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE TEN (10) PERFORATIONS TWENTY ONE (21) ADDITIONAL PERFORATIONS @ \$20.00 EA	725.00 420.00
	BRIDGE PLUG SET AT: 850.0	
	PERFORATED AT: 794.0 TO 804.0	

Late Charge of 1- 1/2% per Month on Accounts over 30 Days	Total	\$1,995.00
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MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

24640

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

Date 9/07/2011

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 Bridge Plug & Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Legends Oil & Gas LTD By
Customer's Authorized Representative

Charge to Legends Oil & Gas LTD Customer's Order No. M.D. Goldberg

Mailing Address

Well or Job Name and Number .. Massoth - Ellis #1-02 County .. Woodson State .. Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 ea	2.16" Plug Well Bridge Plug 10,000" Retel Wireline Set - Drillable	\$ 850.00
31 ea	2" DML RTG 120" Phase Three (3) Perforations Per Foot Minimum Charge - Ten (10) Perforations	\$ 725.00
	Twenty One (21) Additional Perforations @ 20.00	\$ 420.00
	Bridge Plug Set At	850.00
	Perforated At	7940 To 8040

Total 1995.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Served by: S. Windersich

Customer's Name Legends Oil & Gas LTD
By Date 9/07/11
Customer's Authorized Representative



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 244152

Invoice Date: 09/14/2011 Terms: 0/0/30,n/30

Page 1

LEGEND OIL & GAS, LTD
1420 5TH AVEUNE, SUITE 2200
SEATTLE WA 98101
(206) 274-5165

M ELLIS 1-02
45295
22-25S-17E
9-8-11
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	75.00	1.7000	127.50
1202	ACID INHIBITOR	.25	46.0000	11.50
1219B	STIMOIL FBA	.50	55.0000	27.50
1268	CITY WATER	5500.00	.0156	85.80
1231	FRAC GEL	100.00	5.5000	550.00
1215	KCL SUB MB6875 CC3107	6.00	36.5000	219.00
1208	BREAKER LEB4-ESA 14-GB10	.25	187.0000	46.75
4326	7/8" RUBBER BALL SEALERS	20.00	3.0000	60.00
2101A	20-40 BROWN SAND	150.00	.2500	37.50
2102	12/20 BROWN SAND	3850.00	.2700	1039.50
1205A	BIOCIDE (AMA-35-D-P) (DR	3.00	30.0000	90.00

Description	Hours	Unit Price	Total
T-91 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
VALVE FRAC VALVES (2" OR 3")	1.00	100.00	100.00
BALLI BALL INJECTOR	1.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2300.00	2300.00
476 MILEAGE CHARGE (ONE WAY)	30.00	4.00	120.00
478 PROPANT DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	30.00	4.00	120.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MILEAGE CHARGE (ONE WAY)	30.00	4.00	120.00

Parts:	2295.05	Freight:	.00	Tax:	10.64	AR	6091.69
Labor:	.00	Misc:	.00	Total:	6091.69		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **45295**

LOCATION Thayer

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

FIELD TICKET

DATE 9-8-11	CUSTOMER ACCT # 4759	WELL NAME M. ELLIS 1-02	QTR/QTR	SECTION 22	TWP 25S	RGE 17E	COUNTY WO	FORMATION Squirrel
CHARGE TO Legends Oil & Gas				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combo 1 Frac ONLY	Special	2300-
5302	1	Acid spotter		375-
1275	75 gal.	15% HCL acid		127.50
1202	1/4 gal.	ESA24 inhibitor		11.50
1219B	1/2 gal.	StimOil		27.50
1268	5,500 gal.	Thayer city		85.80
1231	100#	Frac gel		550.-
1213	6 gal.	KCL sub		219.-
1205A	34	Biocide		90-
1208	1/4 gal.	Breaker		46.75
5604	1	Frac valve		100-
5115	1	Ball injector		No charge
4326	20	1.3 SG 7/8" ballsealers		60-
BLENDING & HANDLING				
5109	30	TON-MILES	min.	315-
STAND BY TIME				
5108	30	MILEAGE Mobilization x3 P,S,I		360-
5501F	3 hrs.	WATER TRANSPORTS - 1		336-
VACUUM TRUCKS				
2101A	150#	FRAC SAND 20-40		37.50
2102	3,850#	12-20		1039.50
			244152	SALES TAX
				10.64
5% Disc available if paid within 10 days of invoice date.				ESTIMATED TOTAL
				6091.69

Rev 2790

CUSTOMER or AGENTS SIGNATURE _____ COWS FOREMAN Brett Busby

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 9-8-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records at our office, and conditions of services on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

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

customer
*NOTE: NO REPRESENTATIVE ON SITE

TICKET NUMBER 52984
FIELD TICKET REF # 95295
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-8-11		M. Ellis #1-02	22	255	17E	WD

CUSTOMER: Legends Oil & Gas
MAILING ADDRESS:
CITY: STATE: ZIP CODE:

* Safety meeting attendees

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Donnie		
478	Tim		
582	Wes		
619T91	George		

WELL DATA

CASING SIZE	TOTAL DEPTH <u>100'</u>
CASING WEIGHT	PLUG DEPTH <u>CIBP set</u>
TUBING SIZE <u>2 1/8</u>	PACKER DEPTH <u>by Midwest</u>
TUBING WEIGHT	OPEN HOLE <u>Durvey</u>
PERFS & FORMATION	
<u>794-804 (31)</u>	<u>Squirrel</u>

TYPE OF TREATMENT
Acidspot + Frac

CHEMICALS

<u>Kelsub</u>	<u>Acid</u>
<u>Biocide</u>	<u>Inhibitor</u>
	<u>Stim Oil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>20</u>	<u>20</u>			<u>1250</u>	BREAKDOWN <u>1800</u>
<u>20-40 sand</u>		<u>20</u>	<u>1.5-1.0</u>	<u>1500#</u>	<u>1300</u>	START PRESSURE
<u>12-20 sand</u>		<u>20</u>	<u>1.0</u>		<u>1300</u>	END PRESSURE
<u>12-20</u>		<u>20</u>	<u>1.5</u>		<u>1300</u>	BALL OFF PRESS
<u>12-20</u>		<u>20</u>	<u>2.0</u>	<u>1,350#</u>	<u>1200</u>	ROCK SALT PRESS
<u>Ballsealers (10) + (5)</u>		<u>20</u>	<u>0-1.5</u>		<u>1400-1700</u>	ISIP <u>425</u>
<u>12-20</u>		<u>20</u>	<u>1.0</u>		<u>1700</u>	5 MIN
<u>12-20</u>		<u>20</u>	<u>2.0</u>	<u>1,000#</u>	<u>1700</u>	10 MIN
<u>Ballsealers + (5)</u>		<u>20-18</u>	<u>0-1.0</u>		<u>2100</u>	15 MIN
<u>12-20</u>		<u>18</u>	<u>2.0</u>	<u>1,500#</u>	<u>1700</u>	MIN RATE
<u>FLUSH CASING</u>	<u>5</u>	<u>20</u>			<u>1700</u>	MAX RATE
<u>Release balls to T.D.</u>						DISPLACEMENT <u>4.7</u>
<u>overflush</u>	<u>10</u>	<u>20</u>	<u>TOTAL</u>	<u>4,000#</u>	<u>1300</u>	
<u>TOTAL BBL'S</u>	<u>130</u>		<u>SAND</u>	<u>31111</u>		

REMARKS: * held safety/RBI meeting
spotted 75 gal. - 15% HCL acid on perfs

location 10:15 AM - 11:30 AM 30 miles
AUTHORIZATION: TITLE: DATE 9-8-11



CONSOLIDATED
Oil Well Services, LLC

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

*NOTE: NO REPRESENTATIVE
ON SITE

TICKET NUMBER 52984
FIELD TICKET REF # 45795
LOCATION Thayer
FOREMAN Matt Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-8-11		M. Ellis #1-02	22	255	17E	KS
CUSTOMER						
Legends Oil & Gas						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

* Safety meeting attendees

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Dannic		
478	Tim		
582	Wes		
619791	George		

WELL DATA

CASING SIZE	TOTAL DEPTH 180'
CASING WEIGHT	PLUG DEPTH CIPSP et
TUBING SIZE 2 7/8	PACKER DEPTH by Midwest survey
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
794-504 (31)	Squashed

TYPE OF TREATMENT

Acid-pot + Feac

CHEMICALS

Kelsulf	Acid
Prioride	Inhibitor
	Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20			1250	BREAKDOWN 1800
20-40 sand		20	15-10	1500#	1300	START PRESSURE
12-20 sand		20	1.0		1300	END PRESSURE
12-20		20	1.5		1300	BALL OFF PRESS
12-20		20	2.0	1350#	1200	ROCK SALT PRESS
Ballseals (10) (5)		20	8-15		1400-1700	ISIP 425
12-20		20	1.0		1700	5 MIN
12-20		20	2.0	1000#	1700	10 MIN
Ballseals (5)		20-18	8-10		2100	15 MIN
12-20		18	2.0	1500#	1700	MIN RATE
FLUSH CASING	5	20			1700	MAX RATE
Release ball, to T.D.						DISPLACEMENT 4.7
over flush	10	20	TOTAL	4,000#	1300	
TOTAL BBLS	130		SAND			

REMARKS: * hold safety/RBT meeting

spotted 75 gal - 150 HCl acid on pads

Location 10:45 AM - 11:30 AM 30 miles

AUTHORIZATION _____ TITLE _____ DATE 9-8-11

