



KANSAS CORPORATION COMMISSION 1078007
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: _____



1078007

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
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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

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 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**OWENS PETROLEUM SERVICES, LLC
DRILLER'S LOG**

Operator: Legend - Marshall

Lease / Well #: Orth - Gilmore #9

API #: 15-207-28008-0000

22-25-17

	Date		Date		Date		Date
Spud/Surface	1-3-12	Drilled to TD	1-5-12	Logged		1" / pump	
Set Surface	1-3-12	Run/Casing	1-5-12	Perforated		Lead Line/Elec	
Spud/Casing	1-4-12	Cemented LS	1-6-12	Frac		Closed Pit	

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	1 1/2"	7"	new	2.2'	Buffard	10	
Casing:	3 1/2"	2 1/2"	used				
Frac:							

Driller's TD:	870 ft	Seat Nipple:	798 ft	Pipe TD:	863 ft	Fluid Volume:	bbls
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Surface Bit and Subs: 3.70'
 Kelly: Top of Groove to Square: 22.60'
 Footage Above Ground Level: 1 Total

FOOTAGE: FORMATION:

Bit and Sub	1.9	topical 0-1' 1 1/2" line	5-11'	5-11'
1st Collar	19.9			
2nd Collar	20.0	41.8		
Joints 20.7'	62.5	S		
2	83.2	S		
3	103.9	S		
4	124.6	L128 -		
5	145.3	- 156 L160		
6	166.0	L		
7	186.7	L		
8	207.4	L		
9	228.1	L		
10	248.8	L		
11	269.5	L		
12	290.2	L		
13	310.9	L		
14	331.6	L		
15	352.3	L		
16	373.0	L		
17	393.7	L		
18	414.4	L - 414 - 430 S		
19	435.1	S		
20	455.8	S		
21	476.5	S		
22	497.2	S		
23	517.9	S		
24	538.6	L 548 - 550'		

OPERATOR: Legend

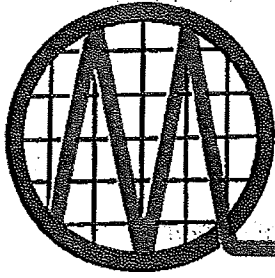
LEASE/WELL# Orth Gillespie #9

FOOTAGE:

FORMATION:

26	559.3	S		
26	580.0	L 580 - 590		
27	600.7	L 600 - 601 L 604 - 614		
28	621.4	L 622 - 628 Soft lime		
29	642.1	L 654 - 660		
30	662.8	L 680 -		
31	683.5	- 685 L 689 -		
32	704.2	- 704 L 706 - 710	L 712 - 713	L 715 - 718
33	724.9	L 729 - 730 L 744 -		
1-3-12-34	745.6	- 749 L 750 ^{right side} - 760		
35	766.3	L 769 - 770 L 770 - 772	cap	772-776 slight shaly sand shale
36	787.0	L 800 - 803 cap		776-778 good shaly sand
37	807.7			778-780 better sand - s
38	828.4			780-782 better sand - good show
39	849.1			782-785 sand more shale
40	869.8			785-787 mostly shale
41	890.5			
42	911.2			
43	931.9			803-806 good sand good show
44	952.6			806-808 good sand e show
45	973.3			808-810 some shale - show
46	994.0			810-812 getting shaly - slight show
47	1014.7			812-814 shale
48	1035.4			
49	1056.1			
50	1076.8			
51	1097.5			
52	1118.2			
53	1138.9			
54	1159.6			
55	1180.3			
56	1201.0			
57	1221.7			
58	1242.4			
59	1263.1			
60	1283.8			
61	1304.5			
62	1325.2			
63	1345.9			
64	1366.6			
65	1387.3			
66	1408.0			
67	1428.7			
68	1449.4			
69	1470.1			
70	1490.8			

SW 798
RTD 870



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: Orth - Gillespie Lease

Well: # 9

County, State: Woodson County, Kansas

Service Order #: 25441

Purchase Order #: N/A

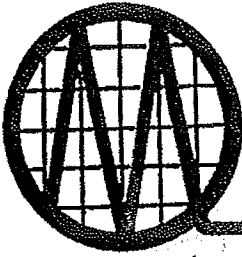
Date: 1/11/2012

Perforated @: 802.0 to 812.0

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"



MIDWEST SURVEYS

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

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

Invoice

Date	Invoice #
1/11/2012	25441

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

Ship To
ORTH-GILLESPIE #9 WOODSON CO, KS

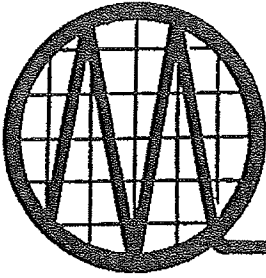
Customer Order No.	Terms
JERRY SCHEIBMEIR	JERRY SCH...

Qty	Description	Amount
1	GAMMA RAY / NEUTRON / CCL 2" DML RTG 120° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS TWENTY ONE (21) ADDITIONAL PERFORATIONS @ \$20.00 EA	475.00 725.00 420.00
	PERFORATED AT: 802.0 TO 812.0	

9310-424

conf
1-27-12
AFE LOG-9-2011

Net Due Upon Receipt	Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days	Total	\$1,620.00
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MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

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

25441

Date 1/11/2012

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 GRINIEU / CCL & Perforate

SIGN BEFORE COMMENCEMENT OF WORK

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

Charge to Legends Oil & Gas LTD Customer's Order No. MSKeshell Diamond

Mailing Address

Well or Job Name and Number Orth-Gillespie No-9 County Woodson State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 ea	Gunning Ray INeutron / CCL	\$ 475.00
31 ea	2" OML BFG 120° Phase	
	Three (3) Perforations Per Foot	
	Minimum charge - Ten (10) Perforations	\$ 725.00
	Twenty one (21) Additional Perforations @ 20.00	\$ 420.00
	Perforated At 802.0 To 812.0	

Total \$ 1620.00

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

Customer's Name Legends Oil & Gas LTD Date 1/11/12

By [Signature]
Customer's Authorized Representative

Serviced by: S. Winderich

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
1/13/2012	46515

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 700
 (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: 870

Well Name	Terms	Due Date		
	Net 15 days	1/13/2012		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	863	3.00	2,589.00	
Sales Tax		7.30%	0.00	

Gillespie #9
Woodson County
Section: 22
Township: 25
Range: 17

APE LOGL-09-2011
 12-19-12
 9320-414
 0-6 #9

Hooked onto 2 7/8" casing. Established circulation with 5 5 barrels of water. 2 GEL. METSO. COTTONSEED ahead. blended 91 sacks of 2% cement. dropped 2 rubber plugs, and pumped 5 barrels of water

Total	\$2,589.00
Payments/Credits	\$0.00
Balance Due	\$2,589.00

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	9	1/5/2012	010512,OGil

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Cleared trees and dug drill pit	93 10-338	500.00	500.00
*TANK TRUCK Filled pit with water	93 10-329	200.00	200.00
*SET SURFACE AND CEMENT 10 bags of Portland cement	93/10-323	500.00	500.00
*DRILLING RIG Rig TD - 870' Pipe TD - 863' S/N - 798'	93/10-312 870.0	7.00	6,090.00

Comp.
 2-22-12
 AFE LOGG 9-2011

Total: \$7,290.00



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 56409
FIELD TICKET REF # 97257
LOCATION Trayer
FOREMAN Robert Bushy

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-12		Oath-Gillespie 49	22	25S	17E	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Legends Oil & Gas			476	Josh		
MAILING ADDRESS			4915	Domie		
			972786	Robert Bushy		
CITY	STATE	ZIP CODE	521	Landon		
			9887107	Junior		
			612755	Maxim		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 1/2 JWC	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
202-12 (31)	Squirrel

TYPE OF TREATMENT

Acid spot + Free

CHEMICALS

Iron Sulf - Biocide - Breaker
Acid-Inhibitor - Stimul

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20			900	BREAKDOWN
20-40		20	15-10	1000#		START PRESSURE
12-20		20	10			END PRESSURE
12-20		20	2.0	1400#	850	BALL OFF PRESS
Ballsealer 3 (12) + (4)	20-19	20-19	2-15		1700	ROCK SALT PRESS
12-20		20	10			ISIP 375
12-20		20	2.0	1,000#	1300	5 MIN
Ballsealer 3 (3)			2-15		1500	10 MIN
12-20			10			15 MIN
12-20			2.0	1,500#		MIN RATE
FLUSH CASING	5	20			1000	MAX RATE
Release balls to T.D.			TOTAL	4		DISPLACEMENT 4.7
OVERFLUSH	10	20	SAND	4,000	1000	12.75
TOTAL BBL'S	130					

REMARKS:
Spotted 75 gal - 15% HCl acid on pads

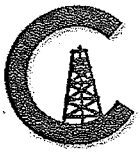
Location 11:15AM - 12:00PM

30 miles

DATE 1-13-12

AUTHORIZATION _____ TITLE _____

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 47257

LOCATION Thayer

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

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
1-13-12	4759	Orlth Gillespie		22	25S	17E	WO	Squirrel
CHARGE TO <u>Legends Oil & Gas</u>			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	2 nd well	2070
5102B	1		3 rd well	2070
			(of 3)	750
5302	2	Acidspotter		315
1275	150	15% HCL acid		23
1202	1/2 gal	ESA 24 inhibitor		55.00
1219B	1	Stim Oil		85.80
1268	5,500 gal	Thayer		85.80
1268	5,500 gal	Yates Center		1200
1231	200#	Frac gel		438
1215	12 gal	KEL SUB		180
1205A	64 gal	Biocide		93.50
1208	1/2 gal	Breaker		200
5604	2	Frac valve		NO charge
5115	2	Ball injector		120
4326	40	1.3SG 7/8" ballsealers		
		BLENDING & HANDLING		
5109	30	TON-MILES		
		STAND BY TIME		
5108	30	MILEAGE Mobilization X 3 P, S, I		560.00
5501F	4 hcs	WATER TRANSPORTS - 2 @ 2.5 hrs.		
		VACUUM TRUCKS		52
2107A	200#	FRAC SAND 20-40		2106.00
2102	7800#	12-20		
			SALES TAX	21.29
		247169	ESTIMATED TOTAL	10425.

Rev'n 2790

CUSTOMER or AGENTS SIGNATURE _____ COWS FOREMAN Brett Busby

DATE 1-13-12

CUSTOMER or AGENT (PLEASE PRINT) _____

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