



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: _____



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

Operator: Legend

Lease / Well #: Gillespie South # 6

API #: 15-207-28189-0000

22-25-17

*Beck
9-21-17*

	Date		Date		Date		Date
Spud/Surface	<u>8-15-12</u>	Drilled to TD	<u>8-17-12</u>	Logged		1" / pump	
Set Surface	<u>8-15-12</u>	Run/Casing	<u>8-17-12</u>	Perforated		Lead Line/Elec	
Spud/Casing	<u>8-16-12</u>	Cemented LS	<u>8-21-12</u>	Frac		Closed Pit	

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	<u>11 3/8</u>	<u>7"</u>	<u>new</u>	<u>40</u>	<u>qshgrove</u>	<u>20</u>	
Casing:							
Frac:							

Driller's TD:	<u>860</u> ft	Seat Nipple:	860 <u>784</u> ft	Pipe TD:	<u>846</u> 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: _____ / _____ Total

FOOTAGE:

FORMATION:

Bit and Sub	<u>1.9</u>		
1st Collar	<u>19.9</u>		
2nd Collar	<u>20.0</u>	<u>41.8</u>	
Joints 20.7':	<u>1</u>	<u>62.5</u>	<u>S</u>
2	83.2	5	
3	103.9	5	<u>L114</u>
4	124.6	L	
5	145.3	L	
6	166.0	L	
7	186.7	L	
8	207.4	L	
9	228.1	S	
10	248.8	L251	S
11	269.5	L275	S
12	290.2	L	
13	310.9	L	
14	331.6	L	<u>slk shale</u>
15	352.3	L-378	
16	373.0	L-378	<u>L381</u>
17	393.7	L ?	
18	414.4	L-418	<u>S</u>
19	435.1	S	
20	455.8	S	
21	476.5	S	
22	497.2	S	
23	517.9	S	
24	538.6	S	

OPERATOR: Legend

LEASE/WELL# Gillespie South #6

FOOTAGE:

FORMATION:

110 ft
e
4/1/4

25	559.3	L565-	
26	580.0	-580 L591-	599-603 [?] oil show
27	600.7	-601	
28	621.4	L628-632	L640-642
29	642.1	S	
30	662.8	L667-670	L675-
31	683.5	-688 L691-699	
32	704.2	L702-706	L716-717
33	724.9	L730-	
34	745.6	-749 L754-757	coal 761 762-764 Sand-odor show
35	766.3	Samples	764-766 Sand-odor show
36	787.0	L788-790	Samples → 766-768 better sand show
37	807.7	S	768-770 better sand - 960
38	828.4	S	770-772 more shale than sand
39	849.1		772-774 shale
40	869.8		
41	890.5		
42	911.2		
43	931.9		790-792 sand odor show
44	952.6		792-794 good show - sand
45	973.3		794-796 looks good
46	994.0		796-798 looks good
47	1014.7		798-800 shale
48	1035.4		800-802 shale
49	1056.1		802-804 shale
50	1076.8		
51	1097.5		
52	1118.2	S/N 784	
53	1138.9		
54	1159.6		
55	1180.3	RTD 860	
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		

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

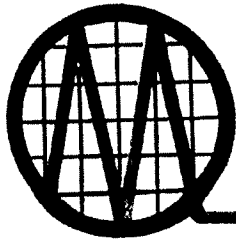
(620) 625-3607

Invoice

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

LEASE	WELL #	DATE	INVOICE#
Gillespie South	6	8/17/2012	081712,GS6

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Cleared brush and dug drill pit		800.00	800.00
*TANK TRUCK Filled pit with water		150.00	150.00
*SET SURFACE AND CEMENT 20 bags of Portland cement		500.00	500.00
*DRILLING RIG Rig TD - 860' Pipe TD - 846' S/N - 784'	860.0	7.00	6,020.00
Total:			\$7,470.00



MIDWEST SURVEYS

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

Invoice

Date	Invoice #
9/10/2012	27339

Bill To
LEGENDS OIL & GAS, LTD 1420 5TH AVE, STE. 2200 SEATTLE, WA 98101

Ship To
GILLESPIE-SOUTH #6 WOODSON CO, KS

Customer Order No.	Terms
J. SCHEIBMEIR	J. SCHEIBM...

Qty	Description	Amount
1	GAMMA RAY / NEUTRON / CCL	550.00
31	2" DML RTG 120° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS TWENTY ONE (21) ADDITIONAL PERFORATIONS @ \$21.00 EA	760.00 441.00
	PERFORATED AT: 790.0 TO 800.0	

Net Due Upon Receipt	Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days	Total	\$1,751.00
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **47806**

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
9-13-12	4759	Santa Rita #1		22	25	17	W0	
CHARGE TO <u>Legend C. 1-605</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102C	1	PUMP CHARGE 1000 HP (comb) 1 1/2" well		2300-
5102C	1	2" well		2070-
5302	2	Acid Spatter		750-
1275	150	15% HCl Acid		315-
1202	.5	Acid Inhibitor		25-
1219B	1	Stim Oil		65-
1205	11000	City Water		171.60
1215A	12	100% Substrate		438-
1231	200	Fract		1800-
1208	.5	Breaker		100-
1205A	6	Propane		180-
5601	2	Fract Vectors		200-
5115	2	Well Inspection		NO Charge
4324	40	2" Drill bits		120-
		BLENDING & HANDLING		
5109	43	TON-MILES Route Delivery		315-
		STAND BY TIME		
5105	43	MILEAGE Mobilization x 2 P.S.		344-
5501F	6	WATER TRANSPORTS		672-
		VACUUM TRUCKS		
2104	600	FRAC SAND 16/30		150-
2102	7400	12/20		1998.00
			SALES TAX	21.29
		252931		

Ravin 2790

ESTIMATED TOTAL 12034.89

CUSTOMER or AGENTS SIGNATURE Amy Schabir COWS FOREMAN Gary Wital

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 9-13-12

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

1st well

TICKET NUMBER 53992
FIELD TICKET REF # 47806
LOCATION Thayer
FOREMAN Benj. White

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	4759	South Gillette #7	22	25	17	W0
CUSTOMER			TRUCK #			
Legend Oil & Gas			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

WELL DATA

CASING SIZE	2 1/2	TOTAL DEPTH
CASING WEIGHT		PLUG DEPTH
TUBING SIZE		PACKER DEPTH
TUBING WEIGHT		OPEN HOLE
PERFS & FORMATION		
306-116	(31)	

TYPE OF TREATMENT

Acid job / Frac

CHEMICALS

City Water	75	15% HCl Acid
KCl Sol.		Stim. Sol.
20# Gel / Breaker		Stim. O.I.
Bio-De		

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
pad	15	-15				BREAKDOWN 1100
16/30				300		START PRESSURE
16/20				1700		END PRESSURE
clean 10 balls						BALL OFF PRESS
12/30 5x5 balls		-16.5		1000		ROCK SALT PRESS
12/20				1000		ISIP 375
Flush + Over	10					5 MIN
Release						10 MIN
Overflush	5					15 MIN
						MIN RATE
						MAX RATE
Totals	129			4000		DISPLACEMENT

REMARKS: 30% acid to pad - breakdown and stage
252431

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 53993
FIELD TICKET REF # 47806
LOCATION Thayer
FOREMAN George Wibel

2nd well

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9-15-12	4759	Sealth-1-142, p. 4 Co	22	25	17	WO			
CUSTOMER									
Legend Oil & Gas									
MAILING ADDRESS									
CITY		STATE	ZIP CODE						
TRUCK #				DRIVER		TRUCK #		DRIVER	
524				Trampis					
455				Tim					
521				Darnel					
619/791				George					

WELL DATA

CASING SIZE <i>2 1/2"</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
790-500 (31)	

TYPE OF TREATMENT

Acid Spot / Fracture

CHEMICALS

<i>Calcium Chloride</i>	<i>75 152 116 Acid</i>
<i>140 300</i>	<i>T.H.L.P.</i>
<i>30" Gal/Packer</i>	<i>31.00.1</i>
<i>Brine</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>Pod</i>	<i>15</i>	<i>15</i>				BREAKDOWN <i>1800</i>
<i>16/30</i>				<i>300</i>		START PRESSURE
<i>11/20</i>				<i>1700</i>		END PRESSURE
<i>10 10 balls (20)</i>						BALL OFF PRESS
<i>12/20 515 balls</i>				<i>1000</i>		ROCK SALT PRESS
<i>11/20</i>				<i>1000</i>		ISIP <i>425</i>
<i>10 min</i>	<i>10</i>					5 MIN
<i>Release</i>						10 MIN
<i>Overhead</i>	<i>5</i>					15 MIN
						MIN RATE
						MAX RATE
<i>Totals</i>	<i>130</i>			<i>4000</i>		DISPLACEMENT

REMARKS: *Spot acid to parts - breakdowns and stage*

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

SERVICE COMPANY: C.O.W.S.
 TICKET NO: 53993
 CUSTOMER NAME: Legend Oil and Gas
 WELL NAME: South Gillespie #6
 WELL LOCATION:

DATE RECORDED: 09/13/2012
 JOB NO:
 UNIT DESCRIPTION:
 UNIT NOTES:
 FILE NAME:

LegendOilandGas_12_09_13_#2.csv



Pen# 1: Pump Pressure (Pressure : psi) Pen# 2: Pump Rate (Flowrate : bpm) Pen# 3: Pump Totals (Volume : bbl)

Pen# 1 Pen# 2 Pen# 3
 2900.00 22.00 150.00

2610.00 19.80 135.00

2320.00 17.60 120.00

2030.00 15.40 105.00

1740.00 13.20 90.00

1450.00 11.00 75.00

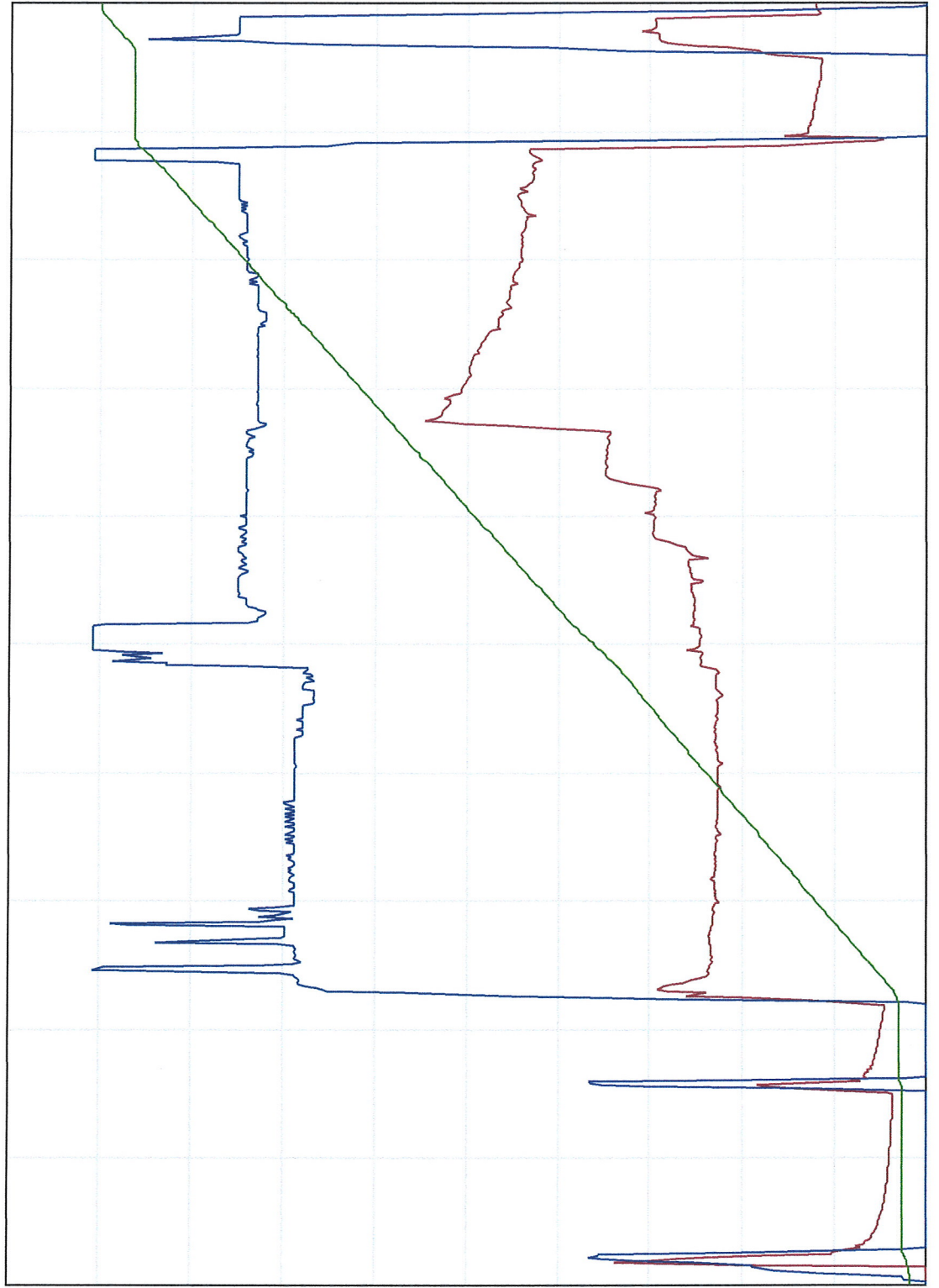
1160.00 8.80 60.00

870.00 6.60 45.00

580.00 4.40 30.00

290.00 2.20 15.00

0.00 0.00 0.00



11:54:11 11:55:20 11:56:30 11:57:40 11:58:50 12:00:00 12:01:10 12:02:20 12:03:30 12:04:40 12:05:50