

Kansas Corporation Commission Oil & Gas Conservation Division

1108672

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 #	API No. 15					
Name:	Spot Description:					
Address 1:	SecTwpS. R					
Address 2:	Feet from North / South Line of Sectio					
City: State: Zip:+	Feet from East / West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □SE □SW					
CONTRACTOR: License #	County:					
Name:	Lease Name: Well #:					
Wellsite Geologist:	Field Name:					
Purchaser:	Producing Formation:					
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:					
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:					
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt					
Operator:						
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)					
Original Comp. Date: Original Total Depth: Onv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:					
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:					
Commingled Permit #:	Operator Name:					
Dual Completion Permit #:	Lease Name: License #:					
SWD Permit #:	Quarter Sec TwpS. R					
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date						

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:					

Side Two



Operator Name:				Lease l	Name: _			_Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: She time tool open and clo recovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether s final chart(s	hut-in press	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes	No			og Formatio	n (Top), Depth ar	nd Datum	;	Sample
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е		Тор	[Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	Ne	w Used	on, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
		Δ	ADDITIONAL	CEMENTIN	NG / SQL	 EEZE RECORD				
Purpose:	Depth	Type of (# Sacks			Type and F	Percent Additives		
Perforate Protect Casing	Top Bottom									
Plug Back TD Plug Off Zone										
r lug on zone										
Shota Par Foot	PERFORATI	ON RECORD -	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Squeeze Recor	d	
Shots Per Foot	Specify	Footage of Each	h Interval Perf	orated		(Ai	mount and Kind of Ma	aterial Used)		Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:	'	ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAI ·
Vented Sold		Ope	n Hole	Perf.	Dually	Comp. Cor	nmingled			
(If vented, Sub		O+b-	or (Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

OWENS PETROLEUM SERVICES, LLC DRILLER'S LOG

Operator: Legend

Lease/Well#: Gillespie South #6

API#: 15-207-28189-0000 22-25-17

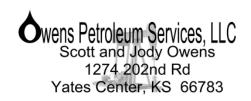
	Date		Date		Date		Date
Spud/Surface	8-15-12	Drilled to TD	8-17-12	Logged		1" / pump	
Set Surface	8-15-12	Run/Casing	8-17-12	Perforated		Lead Line/Elec	-
Spud/Casing	8-16-12	Cemented LS	8-21-12	Frac		Closed Pit	
Purpose	Size Drilled	Size Pipe	Weght #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	118	7"	new	40	gshgrove	20	Mary principal de la constitución de la constitució
Caniman					,		-
Casing:							

Surface Bit and Subs:

3.70' 784

Guin	Kelly: Top of (Groove to Square: 22.60'	
		ove Ground Level: /	Total
	FOOTAGE:	FORMATION:	The state of the s
Bit and Sub	1.9		
1st Collar	19.9		
2nd Collar	20.0		
Joints 20.7': 1	62.5	5	
2	83.2		4
B	103.9	L114 -	
, A	124.6		
58	145.3		
B	166.0		
7	186.7		
2	207.4	4	
8	228.1	5	
100	248.8	L251 F	
129	269.5		
12	290.2	and L	
12	310.9	L	
14	331.6		
15	352.3		
18	373.0	L-378 L381	
17	393.7	L ?	
18	414.4	1-418. 5	
18	435.1	5	
29	455.8		
2,1	476.5		
22	497.2	5	
3/8	517.9		
34	538.6	5	

OPER	ATOR:	Legen		LEASE	WELL# Gilles	pie S	with #	6
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	70	1490.8			1			



(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

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

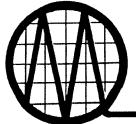
Date	Invoice #
9/10/2012	27339

Invoice

		_				
Bill To		Ship To				
1	OIL & GAS, LTD AVE, STE. 2200 WA 98101			ESPIE-SOUTH #6 DSON CO, KS		
				Customer Order		
				J. SCHEIBM		
Qty	Desc	cription				
1	GAMMA RAY / NEUTRON / CCL					
31	2" DML RTG 120° PHASE					
	THREE (3) PERFROATIONS PER F					
MINIMUM CHARGE TEN (10) PERFORATIONS						

AVE, STE. 2200 , WA 98101	l l	DSON CO, KS	
		i i	
		Customer Order No.	Terms
		J. SCHEIBMEIR	J. SCHEIBM
Descrip	otion	<u> </u>	Amount
GAMMA RAY / NEUTRON / CCL 2" DML RTG 120° PHASE THREE (3) PERFROATIONS PER FOOM MINIMUM CHARGE TEN (10) PER TWENTY ONE (21) ADDITIONAL PER PERFORATED AT: 790.0 TO 800.0	FORATIC ERFORATI		760.00 441.00

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



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

27339

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

		Da	ate 9/10/12
services order, of this order, Agent.	CONDITIONS: Midwest Surveys is herebered hereon or as verbally directed, under which I have read and understand and which	the terms and conditions printed th I accept as Customer or as Cu	ment or perform the on the reverse side ustomer's Authorized
Service and/or	Equipment Ordered GO NIEU CCC	Le Perforate	
	COMMENCEMENT OF WORK		
Customer's N	ame Legends 0.7 4 GAS LI	Fel By Customer's	s Authorized Representative
Charge to	Legends 01 0 GA. 1	t.d	ustomer's order No. Jenn Scherbmen
Mailing Addre	ss		
Well or Job Na and Number .	No-6 County L	Jundsun State Kan	501
QUANTITY	DESCRIPTION OF SERV	ICE OR MATERIAL	PRICE
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	Three (3) Perfection for		67
	Minimum Charge - Kn (10 West, One (21) Add turie!) Perforteurs	760.00
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4			
•	<u> </u>		Total 1751:00
			Τοταί
		The above described service and/or mater hereby accepted and approved for paymer	nt.
	5. Winderch	Customer's Name Legendi Oil	1864 Ltd
Serviced by:	2. Winderch	By	

White--Customer

Canary — Accounting



TICKET NUMBER 47806

LOCATION			
LOCATION	Ingi	from	LEAU AL

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

EL			

manufacture esta	1, + 6	t francisco	Secretarial Company	No analysis to		ed Strong Landstransferen
DATE	CUSTOMER ACCT # WELL NAME	QTR/QTR	SECTION TWP	RGE	COUNTY	FORMATION
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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
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CUSTOMER OF AGENT (PLEASE PRINT)

DATE 9-13-14

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



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

1st well

FOREMAN 53992

TICKET NUMBER 53992

FIELD TICKET REF # 47806

LOCATION That The Total Control of the Total Control

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER#	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	4759	South Biller		(117)	22	125	17	wo
CUSTOMER								
Lesend Oil + Cas				auto in	TRUCK#	DRIVER	TRUCK#	DRIVER
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Terms and Co	nditions are p	rinted on reve	erse side.					



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

2nd well

FOREMAN Carlo College

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER#	WELL	NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
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DATE RECORDED: JOB NO: UNIT DESCRIPTION: UNIT NOTES: FILE NAME: C.O.W.S. 53993 Legend Oil and Gas South Gillespie #6 SERVICE COMPANY: TICKET NO: CUSTOMER NAME: WELL NAME: WELL LOCATION:

09/13/2012

LegendOilandGas_12_09_13_#2.csv



