



KANSAS CORPORATION COMMISSION 1110586
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: _____



1110586

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 Oil & Gas

Lease / Well #: Cress #3

API #: 15-207-28176-0000 22-25-17 WOCO

Back 8-23-12

	Date		Date		Date		Date
Spud/Surface	8-23-12	Drilled to TD	8-27-12	Logged		1"/rods, pump	
Set Surface	8-23-12	Run Casing	8-27-12	Perforated		Lead Line/Elec	
Spud/Casing	8-24-12	Cemented LS	8-29-12	Frac/Acidized		Closed Pit	

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	11 3/8	7"	new	40	monarch	20	
Casing:	5 1/2	2 1/2	used	818			
Frac:							

Driller's TD:	835 ft	Seat Nipple:	758 ft	Pipe TD:	818 ft	Fluid Volume:	bbbls
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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	FOOTAGE	FORMATION
	8-23-12	Pit taking water badly - had Kopley bring up 20
1st Collar	19.9	Bags of Bentonite (Kopley will add this to cementing 6/11)
2nd Collar	8-24-12 20.0	41.8 mixed Bentonite in pit
Joints 20.7'	62.5	S
	83.2	L 84-
	103.9	-110 - L 114
	124.6	L
	145.3	L
	166.0	L
	186.7	L - 184
	207.4	L 214
	228.1	L 25
	248.8	L
	269.5	L
	290.2	L
	310.9	L
	331.6	L
	352.3	L
	373.0	L - 390
	393.7	S
	414.4	S
	435.1	S
	455.8	S
	476.5	S
	497.2	L 509-512
	517.9	S
	538.6	L 552-554

R:

Legend

LEASE/WELL#

Cross #3

FOOTAGE:

FORMATION:

FOOTAGE:	FORMATION:	
25 559.3	L566-561 L570-574	
26 580.0	S	oil show 594? good show odor
27 600.7	L605-600	looks like upper squirrel
28 621.4	L639-	
29 642.1	-644 L648-	
30 662.8	-670 L675-679	
31 683.5	S	
32 704.2	L703-718	
33 724.9	L729-732 samples →	732-734 shale
34 745.6	L762 samples →	714-736 shale
35 766.3	S	736-738 some shale odor slight sh
36 787.0	S	738-740 sand shale better odor
37 807.7	S	740-743 good sand good show
38 828.4	S	743-745 good sand good show
39 849.1		745-747 sand-some shale good show
40 869.8		747-749 mostly shale slight show
41 890.5		749-751 all sandy shale
42 911.2		
43 931.9		
44 952.6		
45 973.3		763-768 little bit of sand slight odor
46 994.0		768-766 good sand - show
47 1014.7	SIN 758	766-768 mostly sand show
48 1035.4		768-770 mostly sand - show
49 1056.1		770-772 some sand - mostly shale
50 1076.8		772-774 shale
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		

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#
Cress	3	8/27/2012	082712,Cr3

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Dug drill pit		300.00	300.00
*TANK TRUCK Hauled 6 loads of water to pits		300.00	300.00
*SET SURFACE AND CEMENT 20 bags of Portland cement		500.00	500.00
*DRILLING RIG Rig TD - 835' Pipe TD - 818' S/N - 758'	835.0	7.00	5,845.00
Total:			\$6,945.00

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
9/6/2012	47089

Cement Treatment Report

Legend Oil & Gas Ltd.
Suite 230, 840 6th Avenue SW
Calgary Alberta CANADA T2P 3E5

(x) Landed Plug on Bottom at 900 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Set float shoe

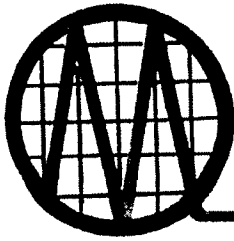
TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 7/8"
 TOTAL DEPTH: 835

Well Name	Terms	Due Date		
	Net 15 days	9/6/2012		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Cement 2 7/8"	818	3.00	2,454.00	
Sales Tax		7.30%	0.00	

8-29-12
 Cress #3
 Woodson County
 Section: 22
 Township: 25
 Range: 17

Hooked onto 2 7/8" casing. Established circulation with 4 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 126 sacks of 2% cement, dropped rubber plug, and pumped 5 barrels of water

Total	\$2,454.00
Payments/Credits	\$0.00
Balance Due	\$2,454.00



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	27337

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

Ship To
CRESS # 3 WOODSON CO, KS

Customer Order No.	Terms
JERRY SCHEIBMER	JERRY SCH...

Qty	Description	Amount
25	2" DML RTG 120° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE --- TEN (10) PERFORATIONS FIFTEEN (15) ADDITIONAL PERFORATIONS @ \$ 21.00 EA PERFORATED AT: 764.0 TO 772.0	760.00 315.00
Net Due Upon Receipt		Total
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		\$1,075.00



MIDWEST SURVEYS

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

Invoice

Date	Invoice #
9/6/2012	27314

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

Ship To
CRESS WOODSON CO, KS

Customer Order No.	Terms
JERRY SCEIBMEIR	JERRY SCEI...

Qty	Description	Amount
2	GAMMA RAY / NEUTRON / CCL WELLS LOGGED CRESS NO-3, NO-4	1,150.00
Net Due Upon Receipt		Total
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		\$1,150.00



Service Order and Delivery Receipt

OUR NO.

MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

27314

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

Date 9/06/2012

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 Gamma Ray / Neutron / CCL

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Legend Oil & Gas Ltd. By [Signature]
Customer's Authorized Representative

Charge to Legend Oil & Gas Ltd Customer's Order No. Jerry Scherbmeir

Mailing Address

Well or Job Name and Number Cress County Woodson State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
<u>2 ea</u>	<u>Gamma Ray / Neutron / CCL</u>	<u>1150.00</u>
	<u>Wells Logged</u>	
	<u>Cress No-3, No-4</u>	

Total 1150.00

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

Serviced by: S Winderich

Customer's Name Legend Oil & Gas Ltd Date 9/06/12

By [Signature]
Customer's Authorized Representative



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 53995
FIELD TICKET REF # 47807
LOCATION Thayer
FOREMAN Gary Wilhel

4th well

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	4759	Cress # 3	22	25	17	WO
CUSTOMER Legend Oil + Gas			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

WELL DATA

CASING SIZE 2 1/2	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
764-72 (25)	

TYPE OF TREATMENT

Acid Spot/Fracture

CHEMICALS

Cust. Water	25 15% HCl Acid
20" Gel/Breaker	Inhibitor
Bioocide	Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
pad	15	-16			BREAKDOWN 1600
16/30				300	START PRESSURE
12/20				1700	END PRESSURE
clean 5 balls					BALL OFF PRESS
12/20 5+5 balls				1000	ROCK SALT PRESS
12/20				1000	ISIP 4/5
Flush + Over	10				5 MIN
Release					10 MIN
Overflow	5				15 MIN
					MIN RATE
					MAX RATE
Totals	125			4000	DISPLACEMENT

REMARKS: Spot acid to perforations - breakdown and stage

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **47807**

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	Cross # 3, #4		22	25	17	WO	
CHARGE TO <u>Legend Oil + Gas</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 1000HP Combo 3" well		2070-
5102C	1	4" well		1725-
5302	2	Acid Spatter		750-
1275	150	15% HCl Acid		315-
1202	.5	Acid Inhibitor		25-
1219B	1	StimOil		65-
		Custom Water		
1231	200	Fluoride		1800-
1208	.5	Breaker		100-
31205A	6	Biocide		180
5604	2	Flue Valves		210-
5115	2	Ball Triggers		No Charge
4326	35	3/8" Ballsealers		105-
		BLENDING & HANDLING		
5109	43	TON-MILES Bulk Delivery		NA
		STAND BY TIME		
5108	43	MILEAGE Mobilization (2 r.s)		NA
5501F	64	WATER TRANSPORTS reduced	448	672
		VACUUM TRUCKS		
2104	600	FRAC SAND 16/30		150-
2102	7400	12/20		1998-
		SALES TAX		7.67.
		ESTIMATED TOTAL		9938.67

Ravin 2790

CUSTOMER or AGENTS SIGNATURE Jerry Dehman COWS FOREMAN Gary Wital
 CUSTOMER or AGENT (PLEASE PRINT) 252926 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

TICKET NUMBER 53994
FIELD TICKET REF # 47807
LOCATION Thayer
FOREMAN Consolidated

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	11759	Cross #4	22	25	17	WO

CUSTOMER <u>Legend Oil & Gas</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Trampis		
458	Tim		
531	Daniel		
600/1103	Steve		

WELL DATA

CASING SIZE <u>21</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>783-93</u>	<u>(31)</u>

TYPE OF TREATMENT

Acid Spot / Fracture

CHEMICALS

<u>Cast Water</u>	<u>25% HCl Acid</u>
<u>20% Gel Breaker</u>	<u>Inhibitor</u>
<u>Bio-de</u>	<u>StimOil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>acid</u>	<u>15</u>	<u>-163</u>			<u>1000</u>	BREAKDOWN <u>1600</u>
<u>16/30</u>				<u>300</u>		START PRESSURE
<u>12/20</u>				<u>1700</u>	<u>-900</u>	END PRESSURE
<u>clean 10 balls (20)</u>					<u>-1100</u>	BALL OFF PRESS
<u>12/20 515 balls</u>				<u>1000</u>	<u>1300</u>	ROCK SALT PRESS
<u>12/20</u>				<u>1000</u>	<u>1600</u>	ISIP <u>400</u>
<u>Flush</u>	<u>10</u>				<u>1400</u>	5 MIN
<u>Release</u>						10 MIN
<u>Overhead</u>	<u>5</u>				<u>1000</u>	15 MIN
						MIN RATE
						MAX RATE
	<u>130</u>			<u>4000</u>		DISPLACEMENT

REMARKS: Spot acid to p - breakdown and stage
No Chart

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 53995
FIELD TICKET REF # 47807
LOCATION Thayer
FOREMAN Greg Willet

4th well

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.13-12	11759	Cross # 3	22	25	17	W0

CUSTOMER <i>Legend Oil + Gas</i>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tramps		
458	Tam		
521	James		
619/191	George		

WELL DATA

CASING SIZE <i>2"</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>764-72</i>	<i>25</i>

TYPE OF TREATMENT

Acid Spill/Frac

CHEMICALS

<i>Cost. water</i>	<i>25 P. 2 HIL Acid</i>
<i>20" Gel/Breaker</i>	<i>Inhibitor</i>
<i>Branche</i>	<i>Stimul</i>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<i>pad</i>	<i>15</i>	<i>-16</i>			BREAKDOWN <i>1600</i>
<i>16/30</i>				<i>300</i>	START PRESSURE
<i>12/10</i>				<i>1700</i>	END PRESSURE
<i>cle 5 balls</i>					BALL OFF PRESS
<i>12/10 5*5 balls</i>				<i>1000</i>	ROCK SALT PRESS
<i>12/10</i>				<i>1000</i>	ISIP <i>4/15</i>
<i>Flush + over</i>	<i>10</i>				5 MIN
<i>Release</i>					10 MIN
<i>Overflow</i>	<i>5</i>				15 MIN
					MIN RATE
					MAX RATE
<i>Totals</i>	<i>125</i>			<i>4000</i>	DISPLACEMENT

REMARKS: *Spot acid to pad - breakdown and stage*

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

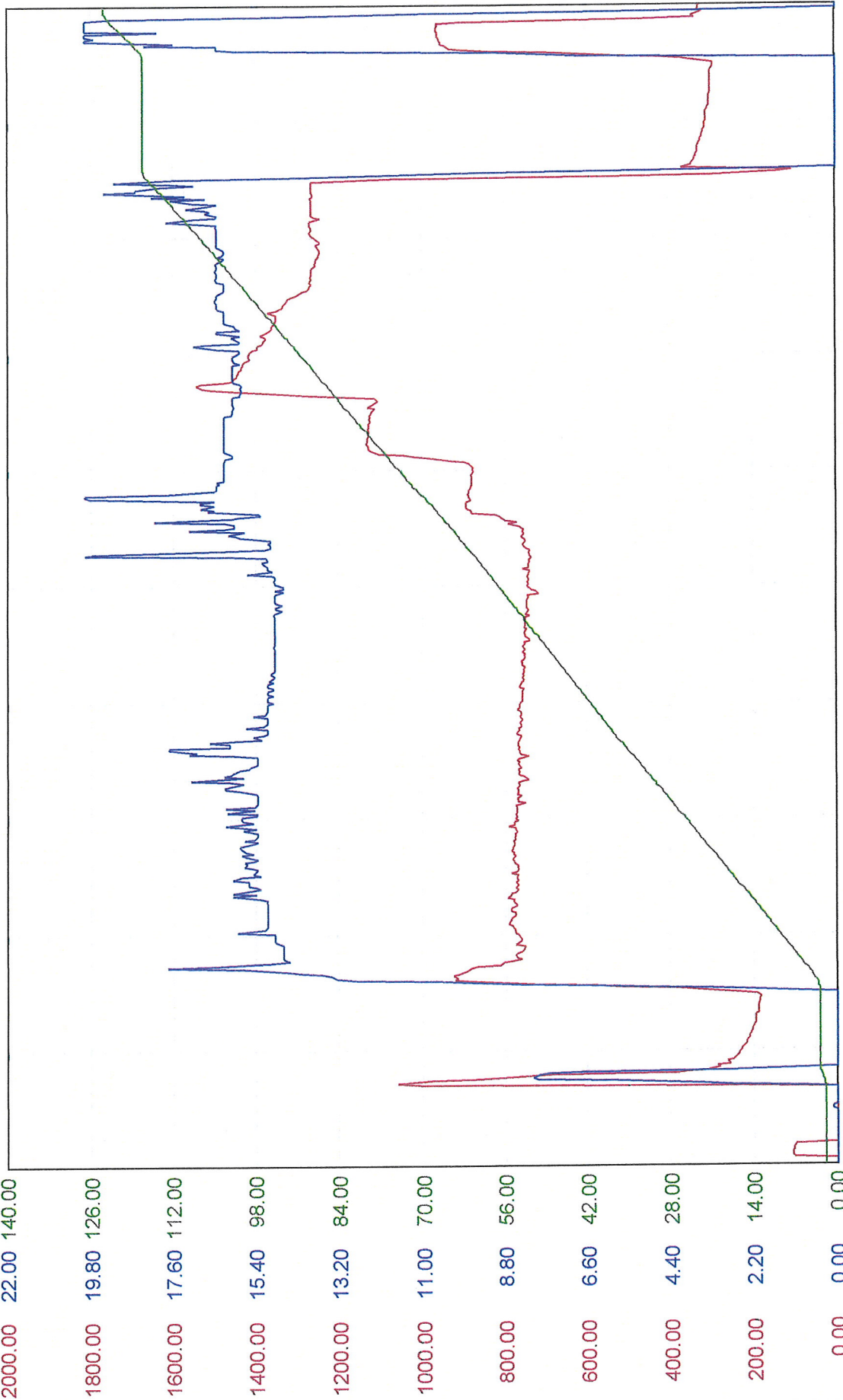


SERVICE COMPANY: C.O.W.S.
 TICKET NO: 53995
 DATE RECORDED: 09/13/2012
 CUSTOMER NAME: Legend Oil and Gas
 WELL NAME: Cress #3
 UNIT DESCRIPTION:
 UNIT NOTES:
 FILE NAME: LegendOilandGas_12_09_13_#3.csv

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

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

Pen# 1 22.00
 Pen# 2 19.80
 Pen# 3 17.60
 Pen# 1 15.40
 Pen# 2 13.20
 Pen# 3 11.00
 Pen# 1 8.80
 Pen# 2 6.60
 Pen# 3 4.40
 Pen# 1 2.20
 Pen# 2 0.00
 Pen# 3 0.00



14:01:05 14:02:06 14:03:08 14:04:10 14:05:12 14:06:14 14:07:16 14:08:18 14:09:20 14:10:22 14:11:24