



**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 Oil

Lease / Well #: Pet Collins #5 17-25-17

API #: 15-207-28624-0000

<del>7-22</del> Spud/Surface	Date <u>7-20-13</u>	Drilled to TD	Date <u>7-23-13</u>	Logged	Date	1"/rods, pump	Date
Set Surface	<u>7-20-13</u>	Run Casing	<u>7-23-13</u>	Perforated		Lead Line/Elec	
Spud/Casing	<u>7-22-13</u>	<del>Run Casing</del> Cemented LS	<u>7-24-13</u>	Frac/Acidized		Closed Pit	

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	<u>11"</u>	<u>7"</u>	<u>new</u>	<u>20</u>	<u>48lb/box</u>	<u>20</u>	
Casing:	<u>5 3/8</u>	<u>2 3/8</u>	<u>used</u>				
Frac:							

Driller's TD: <u>910</u> ft	Seat Nipple: <u>832</u> ft	Pipe TD: <u>896</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: 1 Total

FOOTAGE:                      FORMATION:

Bit and Sub	FOOTAGE	FORMATION
Bit and Sub	<u>.1.9</u>	<u>0-1 top 2-5 clay 5-20 1/2me</u>
1st Collar	<u>19.9</u>	<u>L-26 S</u>
2nd Collar	<u>20.0</u>	<u>41.8</u>
Joints 20.7' /	<u>62.5</u>	<u>S</u>
<del>1</del>	<u>83.2</u>	<u>S</u>
<del>2</del>	<u>103.9</u>	<u>S</u>
<del>3</del>	<u>124.6</u>	<u>S</u>
<del>4</del>	<u>145.3</u>	<u>6144 - 140</u>
<del>5</del>	<u>166.0</u>	<u>L</u>
<del>6</del>	<u>186.7</u>	<u>L</u>
<del>7</del>	<u>207.4</u>	<u>L</u>
<del>8</del>	<u>228.1</u>	<u>L S</u>
<del>9</del>	<u>248.8</u>	<u>S</u>
<del>10</del>	<u>269.5</u>	<u>S L S</u>
<del>11</del>	<u>290.2</u>	<u>S</u>
<del>12</del>	<u>310.9</u>	<u>L</u>
<del>13</del>	<u>331.6</u>	<u>L</u>
<del>14</del>	<u>352.3</u>	<u>L</u>
<del>15</del>	<u>373.0</u>	<u>L</u>
<del>16</del>	<u>393.7</u>	<u>L</u>
<del>17</del>	<u>414.4</u>	<u>L</u>
<del>18</del>	<u>435.1</u>	<u>L</u>
<del>19</del>	<u>455.8</u>	<u>L-459</u>
<del>20</del>	<u>476.5</u>	<u>S</u>
<del>21</del>	<u>497.2</u>	<u>S</u>
<del>22</del>	<u>517.9</u>	<u>S</u>
<del>23</del>	<u>538.6</u>	<u>S</u>

0157-014-807 WGR

Wheat Lane

OPERATOR:

Legend

LEASEWELL#

Pat Collins #5

FOOTAGE:

FORMATION:

<del>25</del>	559.3	S	
<del>26</del>	580.0	S	
<del>27</del>	600.7	L 606-608 L 611-619	
<del>28</del>	621.4	L 636-	
<del>29</del>	642.1	- 646 L 648-649	
<del>30</del>	662.8	L 674-677	
<del>31</del>	683.5	L 690-693	
<del>32</del>	704.2	L 717-720	
<del>33</del>	724.9	L 725-738 L 840-845	
<del>34</del>	745.6	L 750-754	
<del>35</del>	766.3	L 774-	odor in lime 786-790
<del>36</del>	787.0	-790 L 800-802	
7-29	<del>37</del>	807.7 S	
	<del>38</del>	828.4 L 834-837	
	<del>39</del>	849.1 S	837-839 sand-shale-show
	<del>40</del>	869.8 S	839-841 better sand show
	<del>41</del>	890.5 S	841-843 mostly sand show
	42	911.2	843-845 sandy shale odor
	43	931.9	845-847 shale
	44	952.6	
	45	973.3	
	46	994.0	
	47	1014.7	
	48	1035.4	
	49	1056.1	S/N 832
	50	1076.8	
	51	1097.5	
	52	1118.2	
	53	1138.9	RTD
	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	

Violet e 110

**Hurricane Services, Inc.**  
**Cementing & Circulating Division**  
 250 N. Water, Suite 200  
 Wichita, KS 67202

FED ID # 48-1214033  
 Shop # (620) 437-2661  
 Cellular # (620) 437-7582  
 Office # (316) 303-9515  
 Office Fax # (316) 263-0432

MC ID# 165290

Shop Address: 3613A Y Road  
 Madison, KS 66860

Customer:  
 LEGEND OIL & GAS LTD  
 840 6TH AVE SW  
 SUITE 230  
 CALGARY, AB T2P3E5

Invoice Date: 7/28/2013  
 Invoice #: 0010835  
 Lease Name: PATRICK COLLINS  
 Well #: 5  
 County: WOODSON

Date/Description	HRS/QTY	Rate	Total
7/24/13 See work ticket 100287 of BB	1.000	790.000	790.00
Pickup/pump truck mileage	80.000	2.375	190.00
70/30 Pozmix cement	119.000	12.000	1,428.00 T
Gel 2%	209.000	0.300	62.70 T
Flocele	39.000	2.150	83.85 T
Gel flush	200.000	0.300	60.00 T
Water truck	3.500	84.000	294.00
City water	3,000.000	0.013	39.00
Bulk truck	1.000	250.000	250.00
2 7/8" Top rubber plugs	2.000	25.000	50.00 T
5% Fuel surcharge	1.000	162.380	162.38 T

Net Invoice	3,409.93
Sales Tax: (7.15%)	132.06
<b>Total</b>	<b>3,541.99</b>

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

**WE APPRECIATE YOUR BUSINESS!**

Hurricane Services, Inc.  
 3613 A Y Road  
 Madison, KS 66860  
 Office # 620-437-2661  
 Brad Cell # 620-437-6765



HURRICANE SERVICES INC  
 OILFIELD SERVICES  
 MADISON, KANSAS

Ticket Number 100287  
 Location Madison  
 Foreman Brad Butler

**Cement Service ticket**

Date	Customer #	Well Name & Number	Sec./Township/Range	County
7-24-13		Patrick Collins #5	17-25-17E	Woodson
Customer		Mailing Address	City	State Zip
Legend Oil & Gas LTD		840 6 <sup>th</sup> Avenue SW, Suite 230	Calgary, Alberta	T2P 3E5 CANADA

Job Type:	Longstrings			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:		201	Kelly
Hole Depth:	910'	Casing Weight:		203	Jerry
Bridge Plug:		Tubing:	2 7/8"	106	charlie
Packer:		PBTD:	897'		
		Displacement:	5 Bbls		
		Displacement PSI:	400		
		Cement Left in Casing:	0'		

Quantity Or Units	Description of Services or Product	Pump charge	
40	Mileage	\$3.25/Mile	130.00
119 Sacks	70/30 Pozmix cement	12.00	1428.00
209 lbs.	Gel 2%	.30	62.70
39 lbs.	Floccle 1/3 # per sk.	2.15	83.85
200 lbs.	Gel Flush	.30	60.00
3 1/2 Hrs.	Water Trucks	84.00	294.00
3000 Gall	Water	13.00 per 1000	39.00
40 miles	Truck #290	1.50	60.00
	write line services	50.00	N/C
Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	3247.55
		Sales Tax 7.15%	120.45
		Estimated Total	3368.00

Remarks: Rig up to 2 7/8" Tubing, Taped Float shoe at 897' by wireline.  
 Break circulation with 5 Bbls water, Pumped 10 Bbl. Gel Flush, circulated Gel around to condition Hole.  
 Mixed 119 sks, 70/30 Pozmix cement w/ 2% Gel and 1/3 # per sk of Floccle. Shut down - washout Pump and Lines, Release 2- Top Rubber Plugs, Displaced Plugs with 5 Bbls water.  
 Final Pumping at 400 PSI, Pumped Plugs to 1000 PSI, closed Tubing in with 1000 PSI  
 Good cement returns with 4 Bbl. slurry  
 "Thank you"

Called by Scott Owens (Driller)  
 Customer Signature

# MIDWEST SURVEYS, INC.

# Invoice

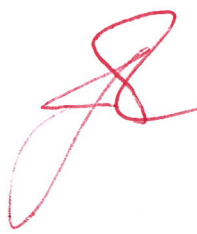
PO BOX 68  
 OSAWATOMIE, KS 66064  
 913-755-2128

Date	Invoice #
8/22/2013	29554

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

<b>Ship To</b>
PAT COLLINS # 5 WOODSON CO, KS

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

Qty	Description	Amount
1	GAMMA RAY / NEUTRON / CCL	575.00
31	2" DML RTG 120° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS TWENTY ONE (21) ADDITIONAL PERFORATIONS @ \$ 21.00 EA	775.00 441.00
	PERFORATED AT: 839.0 TO 849.0	
		
US313001 9320.424 08/13		
<b>Net Due Upon Receipt</b>		<b>Total</b>
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		\$1,791.00

Phone #
913-755-2128







**CONSOLIDATED**  
Oil Well Services, LLC

261907

TICKET NUMBER **48569**

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
8-26-13	4759	Pat Collins					HC	
CHARGE TO <u>Legends Oil &amp; 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 1 <sup>st</sup> well		2300-
5102C	1	2 <sup>nd</sup>		2070-
5102C	1	3 <sup>rd</sup>		2070-
5102C	1	4 <sup>th</sup>		1725-
5302	4	Acid Spatter		1520-
1275	300	15% HCl Acid		525.00
1207	1	Acid Inhibitor		50-
1219B	2	Stim Oil		130-
1268	16,500	City Water (Balance Customer)		285.45
1215A	18	KCL Substitute		689.94
1231	440	Frac Gel		3960-
1208	1	Breaker		200-
1205A	12	Bio-2c		360-
5604	4	Frac Valves		400-
5115	3	Ball Injector		No Charge
4326	53	7/8" Ballsealers		159-
BLENDING & HANDLING				
5109	45	TON-MILES Bulk Delivery (Minimum)		315-
STAND BY TIME				
5108	45	MILEAGE Mobilization + 2 P.S		360-
5501F	16 1/2	WATER TRANSPORTS reduced		1440-
VACUUM TRUCKS				
2104A	900	FRAC SAND 16/30		225-
2102	11,100	12/20		2997.00
			SALES TAX	32.89

524  
582  
524  
1558  
524582  
T91  
90  
221

Thank you!  
We appreciate your business!!  
Ravin 2790  
CUSTOMER or AGENTS SIGNATURE [Signature] COWS FOREMAN Gary Winkel  
ESTIMATED TOTAL 21794.28

CUSTOMER or AGENT (PLEASE PRINT) \_\_\_\_\_ DATE 8-26-13

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 55771  
FIELD TICKET REF # 48569  
LOCATION Thayer  
FOREMAN Gay Winkel

*1st well*

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-26-13	4759	Pat Collins # 5	17	25	17	WO

CUSTOMER  
*Legends Oil & Gas*

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tramps	8213	
458	Tim		
582	Dave		
619/79/100	George		
" 002			
" 003			
" 004			

**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	
839-49 (31)	

*40 sks.  
20 balls*

**TYPE OF TREATMENT**

*Acid spot / Fracture*

**CHEMICALS**

<i>City Water</i>	<i>75 15% HCl A-d</i>
<i>KIC Sub.</i>	<i>Inhibitor</i>
<i>20% Gel/Breaker</i>	<i>Stimul.</i>
<i>Bio-2e</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>Pad</i>	<i>15</i>	<i>-16</i>				BREAKDOWN <i>1800</i>
<i>16/30</i>				<i>300</i>		START PRESSURE
<i>12/10</i>				<i>1700</i>		END PRESSURE
<i>12/10 10+11 balls (12)</i>				<i>1</i>		BALL OFF PRESS
<i>12/10</i>				<i>2000</i>		ROCK SALT PRESS
<i>Push-on</i>	<i>10</i>					ISIP <i>550</i>
<i>Release-pump release</i>						5 MIN
<i>Overturn</i>	<i>5</i>					10 MIN
						15 MIN
						MIN RATE
<i>Totals</i>	<i>132</i>			<i>4000</i>		MAX RATE
						DISPLACEMENT

REMARKS: *Spot acid to perfs. - breakdown and stage*

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Terms and Conditions are printed on reverse side.

SERVICE COMPANY: COWS  
 TICKET NO: 55771  
 CUSTOMER NAME: Legends Oil & Gas  
 WELL NAME: Pat Collins#5  
 WELL LOCATION:

DATE RECORDED: 08/26/2013  
 JOB NO:  
 UNIT DESCRIPTION:  
 UNIT NOTES:  
 FILE NAME: LegendsOilGas\_13\_08\_26\_#1.csv



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

Pen# 1 2400.00  
 Pen# 2 22.00  
 Pen# 3 150.00

