

Kansas Corporation Commission Oil & Gas Conservation Division

1164932

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 Section
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
If Workover/Re-entry: Old Well Info as follows:	
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	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 I II Approved by: Date:

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d 	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (nmingled mit ACO-4)			

OWENS PETROLEUM SERVICES, LLC DRILLER'S LOG

Operator:	Legend	Oil	
Lease / Well #:	Pet Cellins	#6	17-25-17

111

API#: 15-207-28625-0000	
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•						and the same of th	
Anne	Date		Date		Date		Date
Spud/Surface	7-23-13	Drilled to TD	7-25-13	Logged		1"/rods, pump	
Set Surface	7-23-13	Run Casing	7-25-13	Perforated		Lead Line/Elec	
Spud/Casing	7-24-13	Cemented LS	7-25-13	Frac/Acidized		Closed Pit	
Purpose	Size Drilled	Size Pipe	Weght #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	11 "	7"	new	20	asherwork	10	
Casing:	5%	23	Used	897	Horricone On	A	
Frac	3						

897 ft Fluid Volume: bbls Seat Nipple: 835 ft Pipe TD: Driller's TD: 910 ft

Surface Bit and Subs:

3.70'

Kelly: Top of Groove to Square:

22.60'

Footage Above Ground Level: FORMATION: FOOTAGE: Bit and Sub 1.9 1st Collar 19.9 20.0 41.8 2nd Collar Joints 20.7; 62.5 83.2

/2	03.2	<i></i>				
8	103.9	5				
K	124.6	5				
15	145.3	L144				
8	166.0	L				
7	186.7	L				
8	207.4	L				
9	228.1	L				
10	248.8	L		,		
J.P	269.5	4 5	L	9	4,	
12	290.2	5				
18	310.9	L				
14	331.6	-				
15	352.3					
1,85	373.0	4				
137	393.7	L				
1,81	4	L				
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	OPERATOR:	Lege	i EASEANELL	# Pet Collins It 6
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	66	1408.0		
	67	1428.7		
	68	1449.4		
	69	1470.1		
	70	1490.8		

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

Hurricane Services, Inc. **Cementing & Circulating Division**

250 N. Water, Suite 200 Wichita, KS 67202

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 #:

0010836

Lease Name:

PATRICK COLLINS

Well #:

6

County:

WOODSON

Date/Description	HRS/QTY	Rate	Total
7/25/13 See work ticket 100289 of BB	1.000	790.000	790.00
70/30 Pozmix cement	117.000	12.000	1,404.00 T
Cementing products	205.000	0.300	61.50 T
Flocele	38.000	2.150	81.70 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
Pickup truck mileage	40.000	1.500	60.00
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	154.500	154.50 T

Net Invoice

3,244.70

Sales Tax: (7.15%)

129.54

Total

3,374.24

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



Ticket Number_	100289
Location	Madison
Foreman	Brad Butto

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
7-25-13		Patrick Collies #6	17-25-17E	Woodson
Customer		Mailing Address	City State	Zip
Legend	Oil & Gas LTD	840 6 Avenue SW Suite 230	CAlgary Alberta T2P 3	ES CANADA

Job Type:	Congstring		Truck #	Driver
Job Type.	1			
Hole Size: 57/8"	Casing Size:	Displacement: 5 Bbs.	201	Kelly
Hole Depth: 9/0 -	Casing Weight:	Displacement PSI: 400	106	Jerry
Bridge Plug:	Tubing: 2 1/8"	Cement Left in Casing: /000	106	Mark
Packer:	PBTD: 898-	200000000000000000000000000000000000000		
Ougatity Or Unita	T Description of	Comunica ou Duo duut	D la	MOA
Quantity Or Units	AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA	Servcies or Product	Pump charge	790,00
0	Mileage Truck in Area		\$3.25/Mile	NC
117 SACKS	70/20 D	<i>-</i>	12,00	1404.00
The state of the s	70/30 POZMIX CEMUS			
205 1bs.	Ge L 22		_30	61.50
38 /bs.	Flocele X3+PY/SK		2.15	81.70
200 1bs	Geh Flush		,30	60.00
31/2 Ho.	WATO Truck		84.00	294.00
3000 GAL	WATE		13.00 PY/000	39.00
40 miles	Truck #290		1.50	60,00
	wire line Services		50,00	N/C
Tons	Bulk Truck > Minimum Chay	50	\$1.15/Mile	250,00
2	Plugs 27/8" Top Rubber		25.00	50.00
	,		Subtotal	3090,20
		7.152	Sales Tax	//8.49
			Estimated Total	3208.69

Remarks: Rigyoto 27/8" Tubby, Taged Float show 898 by wireline,	
Break Circulation with 5Bbls water, Pumped 10Bbl. Gel Flush, Circulated Gel around To condition Hole,	
Mixed 117.5Ks 70/30 POZMIX CX MENT -1/22 Golon X3* P'SK of Flocale, Shutchur WAShout Pump & Lines	
Released 2-Top Rubber Plugs, Displaced Plugs with 5Bbls WATER, Final Pumping or 400 RSI	
Bunglad Plugs To 1000 PSI, Closed Tubing No With 1000 PSI	
Good CEMENT TETWAS WITH 4.Bhl Slurry	
"Thank You"	
/	

Called by Scott owns (Driller)
Customer Signature

MIDWEST SURVEYS, INC.

Invoice

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

Date	Invoice #
8/22/2013	29555

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

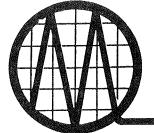
Ship To	
PAT COLLINS #6 WOODSON CO, KS	
<u></u>	

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

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) PERFORATION	ONS		775.00
	TWENTY ONE (21) ADDITIONAL PERFORATI		Α	441.00
			9	
	PERFORATED AT: 840.5 TO 850.5			
		7		
100		US313007 9520.4, 08/13	R4	
		08/13		
Net Due Upon Rec	Late Charge of 1 - 1/2 % per Month on Accounts	over 30 Days	Total	\$1,791.00

Phone # 913-755-2128

29555



MIDWEST SURVEYS

LOGGING . PERFORATING . M.I.T. SERVICES

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

	Date	8/22/2013
services orde	CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment of the deliver the equipment of the terms and conditions printed of which I have read and understand and which I accept as Customer or as Customer	n the reverse side
-	Equipment Ordered GRINIZUICCE & Perfore te	
SIGN BEFORE	E COMMENCEMENT OF WORK	
Customer's Na	ame Legend Oil & Gras LTO By Customer's Au	uthorized Representative
Charge to	Legend Oil & GAS LTD Cust	tomer's er No.J., Sche.bmer?
Mailing Addres	ss	
Well or Job Na and Number .	ame Pat Collias #6 County Uccolson State Kan	Sar
QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 eu	Camma Ray I Newtres 1006	\$ 575,00
31-4	2" DMC RTG 120° Phas-	
4000/com/region-standarder-programmer-progra	Three (3) Perforation Per Foot	
	Minimum Charge - Fen (w) Perfereteus	775.00
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Canary — Accounting

The above described service and/or material has been received and are

hereby accepted and approved for payment.

White — Customer

Serviced by: 5 Winderd



26190

TICKET NUMBER 48569

LOCATION Thayer

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

CUSTOMER or AGENT (PLEASE PRINT)_

E	IF	n	T	10	K	ET	r
		L			$\mathbf{\Gamma}$		

7,6	, 1, 8		05071011	(D) DOF	OGUNTY	FORMATION
DATE CUSTOMER ACC	CT # WELL NAME	QTR/QTR	SECTION TW	VP RGE	COUNTY	FORMATION
8.26-13 4759	Pat Collais	710h .117	101101111111111111111111111111111111111	3	110	
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CHARGE TO Legends	011 1/205		OWNER	saling purpus o	of gognostic in.	amsion (40) ico-8
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MAILING ADDRESS			OPERATOR		7 (2179)	omends toos spending
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CITY & STATE	5- 270-4827 - 500 - 434	Chippe 36h	CONTRACTOR	01 12 100 Sq. (1)	and the state of t	

			enada entistimo al alla la	a compression of the	TOTAL TOTAL
	ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
	51020	1	PUMP CHARGE 1000HP (aubo 15t well		2300-
	51026	Manage of a magner	210		2070-
-	51026	1	3v2		2070 -
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	5302	4	And Spotter		1500-
1	1275	300	15% HICAc.d	The state of the s	525,00
	1202	1	Acid Tuhsbilor		50-
	121913	2	StimOil		130-
	100/920	4-427 904 111111	THE REPORT OF THE PARTY OF THE		6
	1268	16,500	City Water (Balance Customer)		285.41
	1215A	18	KCL Substitute		689.94
	1231	440	Fracbel		3960-
	1208	1 Tomason	Breaker		200-
	1205A	12	B100.20	Section Total	360-
)	5604	4	Frac Valves	Market Market	400-
2	5115	3	Ball Insector	No	CHILLE
	4326	53	7'8" Ballsealers		154-
1	120-54		BLENDING & HANDLING	a to synkon soll at o	(h) Unices a cida
	5109	45	TON-MILES Bulk Delivery (Minimum	Vice of the street is	315-
1			STAND BY TIME	or damage, or pro	sant doy reason it.
-	5108	45	MILEAGE MOSI I carlon + 2 PS	mino amiol sa	360-
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			17.4	SALES TAX	32.89
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		Dr ////	1. ()	11,21/20	
1	CUSTOMER or AGEN	TS SIGNATURE	COWS FOREMAN	/ Willes	
			Verm evices against a service	our nonpar on ton	
	OLIOTOMED ACENT	T (DI EACE DOINT)		DATE 8-26	-13
	CUSTOMER or AGEN	I (PLEASE PRINT)		DAIL	

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

2nd well

TICKET NUMBER 33112

FIELD TICKET REF # 4/8569

LOCATION Than FOREMAN (Santochul

TREATMENT REPORT FRAC & ACID

DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	OWNSHIP RANGE COUN		
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AUTHORIZATION	١			TITLE		nd may supply	DATE	on demond	
						(* 1919) (1979) (*){){}	A COLUMN TO A COLU	The Street,	

Terms and Conditions are printed on reverse side.

SERVICE COMPANY: COWS
TICKET NO: 55772 JO
CUSTOMER NAME: Legends Oil & Gas UN
WELL NAME: Pat Collins#6 UN
WELL LOCATION: FIL

DATE RECORDED: 08/26/2013
JOB NO:
UNIT DESCRIPTION:
UNIT NOTES:
FILE NAME: LegendsOil

LegendsOilGas_13_08_26_#2.csv



