



KANSAS CORPORATION COMMISSION 1166155
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: _____



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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OPERATOR: Legend

LEASE/WELL# Pat C #7

FOOTAGE: FORMATION:

26	580.0	S	L597-600	
27	600.7	L608-609		
28	621.4	L622-632	L636-638	
29	642.1	S		
30	662.8	S		
31	683.5	L699-		
32	704.2	-703	L707-	
33	724.9	L729	L734-738	
34	745.6	L760-767	L769	
35	766.3	↓	↓	↓ 779
36	787.0	L786-789		
37	807.7	L820- 822 824	796	sandy shale
38	828.4		800	sandy shale
39	849.1		805	sandy shale
40	869.8			
41	890.5			
42	911.2		824-826	sand - little shale - shows
43	931.9		826-828	sand - little shale - shows
44	952.6		828-830	sandy shale - slight color
45	973.3		830-832	sandy shale
46	994.0		832-834	shale
47	1014.7			
48	1035.4			
49	1056.1	S/N 820		
50	1076.8	RTD 900		
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			
70	1490.8			

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: 7/31/2013
 Invoice #: 0010894
 Lease Name: PATRICK COLLINS
 Well #: 7
 County: WOODSON

Date/Description	HRS/QTY	Rate	Total
7/31/13 See work ticket 100291 of BB	1.000	790.000	790.00
Pickup/pump truck mileage	80.000	2.375	190.00
70/30 Pozmix cement	115.000	12.000	1,380.00 T
Gel 2%	203.000	0.300	60.90 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
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	159.780	159.78 T

Net Invoice	3,355.38
Sales Tax: (7.15%)	128.15
Total	3,483.53

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 100291
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
7-31-13		Patrick Collins #7	17-25-17E	Woodson
Customer Legend Oil & Gas LTD		Mailing Address 840 6 th Avenue SW, Suite 230	City Calgary, Alberta	State Zip T2P 3E5 CANADA

Job Type:	Truck #	Driver
Longstring	201	Kelly
Hole Size: 5 7/8"	203	Jerry
Hole Depth: 900'	106	Charlie
Bridge Plug:		
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
40	Mileage	\$3.25/Mile	130.00
115 SACKS	70/30 Pozmix cement	12.00	1380.00
203 lbs.	Gel 2 ²	.30	60.90
38 lbs.	Flocite X3 # P ² /SK	2.15	81.70
200 lbs.	Gel Flush	.30	60.00
3 1/2 Hrs.	WATER Truck	84.00	294.00
3000 GAL.	WATER	13.00 P ² /1000	39.00
40 miles	Truck #290	1.50	60.00
	Wireline 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	3195.60
		Sales Tax 7.15%	116.73
		Estimated Total	3312.33

Remarks: Rig up to 2 7/8" Tubing, Tased float shoe at 883' by wireline. Break circulation with 5 Bbls water
 Pumped 10 Bbl. Gel Flush, circulated Gel around to condition hole. Mixed 115 sacks 70/30 Pozmix cement w/ 2² Gel and
 X3 lb. P²/SK of Flocite. Shut down - wash out pump lines - Release 2- Top Rubber Plugs
 Displaced Plugs with 5 Bbls water, Final Pumping at 400 PSI - Bumped Plug to 1000 PSI
 Closed Tubing w/ 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	29557

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

Ship To
PAT COLLINS #7 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: 825.0 TO 835.0	
		
US313003 9320.424 08/13		
Net Due Upon Receipt	Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days	Total \$1,791.00

Phone #
913-755-2128



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 262317

Invoice Date: 09/17/2013 Terms: 0/0/30,n/30

Page 1

LEGEND OIL & GAS, LTD
840 6TH AVE SW STE 230
CALGARY AB CANADA T2P 3E5
206-274-5165

PAT COLLINS #8
48664
17-25-17
09-12-2013
KS

Part Number	Description	Qty	Unit Price	Total
4326	7/8" RUBBER BALL SEALERS	20.00	3.0000	60.00
1268	CITY WATER	5500.00	.0173	95.15
1215A	KCL (1/1000)	6.00	38.3300	229.98
1231	FRAC GEL	110.00	9.0000	990.00
1208	BREAKER LEB4-ESA 14-GB10	.25	200.0000	50.00
1205A	BIOCIDE (AMA-35-D-P) (DR	3.00	30.0000	90.00
2104A	16/30 BROWN SAND	300.00	.2500	75.00
2102	12/20 BROWN SAND	3700.00	.2700	999.00

Description	Hours	Unit Price	Total
T-91 WATER TRANSPORT (FRAC)	3.00	.00	.00
458 PROPANT DELIVERY	1.00	.00	.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	.00	.00
524 FRAC VALVES (2" OR 3")	1.00	.00	.00
524 BALL INJECTOR	1.00	.00	.00
524 MILEAGE CHARGE (ONE WAY)	40.00	.00	.00

[Handwritten Signature]
05313003
9320415
09/13

Parts:	2589.13	Freight:	.00	Tax:	11.09	AR	2600.22
Labor:	.00	Misc:	.00	Total:	2600.22		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

262317

TICKET NUMBER **48664**

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
9-12-13	4759	Pat Collins # 8		17	25	17	WO	
CHARGE TO				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 (re loc))	No charge	
5604	1	Frac Valve	No charge	
5115	1	Ball Injector	No charge	
4326	20	3/4" Ballseals		60-
1268	5,500	City Water		95.15
1215A	6	KCL Substitute		229.98
1231	110	Frac Gel		990-
1208	.25	Breaker		50-
1205A	3	Bior. Lc		90-
		BLENDING & HANDLING		
5109	40	TON-MILES Bulk Delivery		No charge.
		STAND BY TIME		
5108	40	MILEAGE Mobilization x 1/2 P		No charge
5501F	3	WATER TRANSPORTS		
		VACUUM TRUCKS		
2104A	300	FRAC SAND 16/30		75-
2102	3,700	12/20		899.
		Special per quote Assist in refract. (Signature)	7.15	SALES TAX 11.09

Ravin 2790

ESTIMATED TOTAL ~~2625.42~~

CUSTOMER or AGENTS SIGNATURE Jimmy Schubert COWS FOREMAN Gary Wibel 2600.22

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

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 55929
FIELD TICKET REF # 48664
LOCATION Thayer
FOREMAN George Wital

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-13	4759	Pat Collins #8	17	25	17	WO
CUSTOMER Legends Oil + Gas			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY			TRUCK #		DRIVER	
STATE			TRUCK #		DRIVER	
ZIP CODE			TRUCK #		DRIVER	

WELL DATA

CASING SIZE <u>2 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
822-32 (31)	

TYPE OF TREATMENT
Refrac

CHEMICALS

<u>City Water</u>	
<u>Kill Sub.</u>	
<u>20# Gel/Breaker</u>	
<u>Biocide</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad	20	-16				BREAKDOWN —
16/30				300		START PRESSURE
4/10				1700		END PRESSURE
12/20 5+5+5+5 balls	20			1		BALL OFF PRESS
12/20				2000		ROCK SALT PRESS
Push Over	10					ISIP 600
Release						5 MIN
Overhaul	5					10 MIN
						15 MIN
						MIN RATE
Totals	135			4000	93	MAX RATE
						DISPLACEMENT

REMARKS: Previous frac attempt screen out when start sand.
COWS ABO 9-11-13

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

Legends Oil & Gas
Pat Collins # 8
Rebrae

DATE RECORDED: Undefined
 JOB NO: Undefined
 UNIT DESCRIPTION: Undefined
 UNIT NOTES: Undefined
 FILE NAME: LegendsOilGas_13_09_12_#1.csv

DATE RECORDED: Undefined
 JOB NO: Undefined
 UNIT DESCRIPTION: Undefined
 UNIT NOTES: Undefined
 FILE NAME: LegendsOilGas_13_09_12_#1.csv

SERVICE COMPANY: Undefined
 TICKET NO: Undefined
 CUSTOMER NAME: Undefined
 WELL NAME: Undefined
 WELL LOCATION: Undefined



Pen# 1: Undefined (Undefined : Undefined) Pen# 2: Undefined (Undefined : Undefined) Pen# 3: Undefined (Undefined : Undefined)

Pen# 1 Pen# 2 Pen# 3

2800.00 22.00 160.00

2520.00 19.80 144.00

2240.00 17.60 128.00

1960.00 15.40 112.00

1680.00 13.20 96.00

1400.00 11.00 80.00

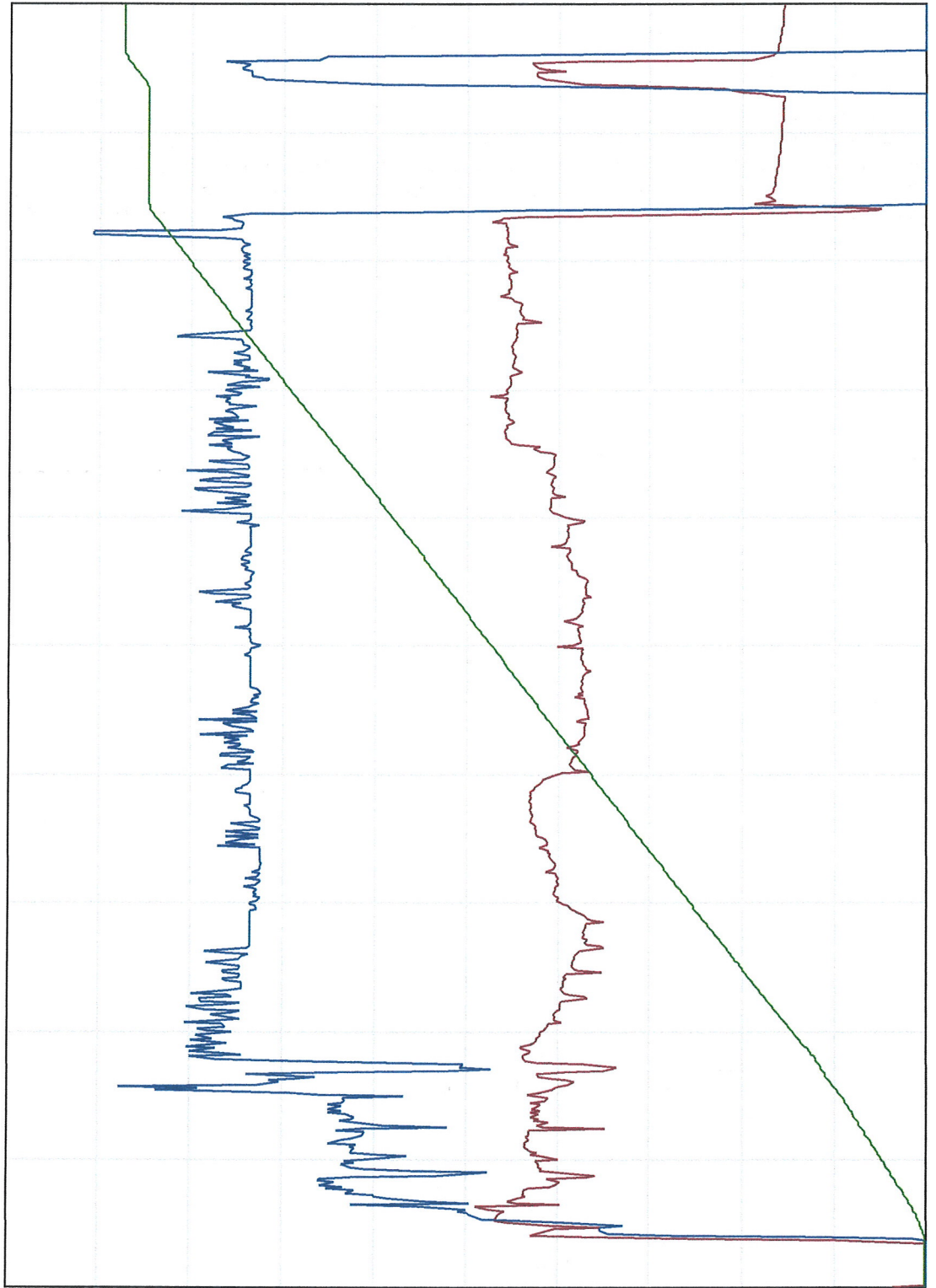
1120.00 8.80 64.00

840.00 6.60 48.00

560.00 4.40 32.00

280.00 2.20 16.00

0.00 0.00 0.00



16:31:08 16:32:12 16:33:16 16:34:20 16:35:24 16:36:28 16:37:32 16:38:36 16:39:40 16:40:44 16:41:48