



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: _____

1166167



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 Bbbs.	Gas Mcf	Water Bbbs.	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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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OPERATOR:

Legend Oil

LEASE/WELL#

PC #8

FOOTAGE:

FORMATION:

26	580.0	S	
27	600.7	S L619-623	
28	621.4	S	
29	642.1	S	
30	662.8	S	
31	683.5	L646-700	
32	704.2	L	
33	724.9	L720-938	
34	745.6	758-763 758-763 345	
35	766.3	L766-778 cor	
36	787.0	L784-786	Sandy shale
37	807.7	L817-820	
38	828.4	S →	820-822 Sand - good show
39	849.1		822-824 good sand - good show
40	869.8		824-826 sand - show
41	890.5		826-828 Sandy shale - slight color
42	911.2		828-830 shale
43	931.9		
44	952.6		
45	973.3		
46	994.0	S/N 816	
47	1014.7		
48	1035.4	RTP 890	
49	1056.1		
50	1076.8		
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: 8/4/2013
 Invoice #: 0010896
 Lease Name: PATRICK COLLINS
 Well #: 8
 County: WOODSON

Date/Description	HRS/QTY	Rate	Total
8/1/13 See work ticket 100292 of BB	1.000	790.000	790.00
70/30 Pozmix cement	114.000	12.000	1,368.00 T
Gel 2%	200.000	0.300	60.00 T
Flocele	37.000	2.150	79.55 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	152.530	152.53 T

Net Invoice	3,203.08
Sales Tax: (7.15%)	126.56
Total	3,329.64

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 100292
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-1-13		Patrick Collins # 8	17-25-17E	Woodson
Customer		Mailing Address	City	State Zip
Legend Oil & Gas LTD		840 6 th Avenue SW Suite 230	Calgary, Alberta	T2P 3E5 CANADA

Job Type:	Truck #	Driver
Longstring	201	Kelly
Hole Size: 5 7/8"	203	Jerry
Hole Depth: 890'	106	Kelly
Bridge Plug:		
Packer:		
Casing Size:	Displacement: 5 Bbls	
Casing Weight:	Displacement PSI: 400	
Tubing: 2 7/8"	Cement Left in Casing: 0'	
PBTD: 876'		

Quantity Or Units	Description of Services or Product	Pump charge	
⊖	Mileage Trk. on location	\$3.25/Mile	790.00 N/C
114 SACKS	70/30 Pozmix cement	12.00	1368.00
200 lbs	GeL 2 ²	.30	60.00
37 lbs	Flocle. X3" P/SK.	2.15	79.55
200 lbs	GeL Flush	.30	60.00
3 1/2 Hrs	WATER TRUCK	84.00	294.00
3000 GAL	WATER	13 ⁰⁰ P/1000	39.00
40 miles	Truck # 290	1.50	60.00
	wireline service	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	3050.55
		Sales Tax	115.65
		Estimated Total	3166.20

Remarks: Rig up to 2 7/8" Tubing, Taped float shoe at 876' by wireline. Break circulation w/ 5 Bbls WATER. Pumped 10 Bbl. GeL Flush, circulated GeL around to condition hole. Mixed 114 Sks. 70/30 Pozmix cement w/ 2² GeL and X3 1/4" P/SK of Flocle. Shutdown - Washout Pump 4 Mes - Release 2-Top Rubber Plugs. Displaced Plugs with 5 Bbls WATER, Final Pumping at 400 PSI - Bumped Plugs 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	29556

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

Ship To
PAT COLLINS # 8 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: 822.0 TO 832.0	
		
05313004 9320.424 08/13		
Net Due Upon Receipt		Total
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 & 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 st well		2300-
5102C	1	2 nd		2070-
5102C	1	3 rd		2070-
5102C	1	4 th		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-2e		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

158

524 582

T91
90
221

Thank you!
We appreciate your business!!

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

4th well

TICKET NUMBER 55773
FIELD TICKET REF # 48569
LOCATION Thayer
FOREMAN Gary Wihel

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-26-13	4759	Pat Collins #7	17	25	17	WO
CUSTOMER			TRUCK #			
Legends Oil + Gas			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
825-35 (31)	

40 stg.

TYPE OF TREATMENT

Acid Spill/Fracture

CHEMICALS

<i>City Water</i>	<i>75 K&M Ad</i>
<i>K&L Sub.</i>	<i>Inhibitor</i>
<i>20th Gel/Breaker</i>	<i>Stim O.I</i>
<i>Bio. de</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>Pad</i>	<i>15</i>	<i>-10</i>				BREAKDOWN <i>2200</i>
<i>16/30</i>				<i>300</i>		START PRESSURE
<i>12/10</i>				<i>1700</i>		END PRESSURE
<i>12/10 10.5 2+2+2 bulls</i>	<i>(21)</i>			<i>1</i>		BALL OFF PRESS
<i>12/10</i>				<i>2000</i>		ROCK SALT PRESS
<i>Flush or</i>	<i>10</i>					ISIP <i>550</i>
<i>Release</i>						5 MIN
<i>another</i>	<i>5</i>					10 MIN
						15 MIN
						MIN RATE
<i>Totals</i>	<i>130</i>			<i>4000</i>		MAX RATE
						DISPLACEMENT

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

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

SERVICE COMPANY: COWS
 TICKET NO: 55773
 CUSTOMER NAME: Legends Oil & Gas
 WELL NAME: Pat Collins#7
 WELL LOCATION:

DATE RECORDED: 08/26/2013
 JOB NO:
 UNIT DESCRIPTION:
 UNIT NOTES:
 FILE NAME: LegendsOilGas_13_08_26_#4.csv



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

Pen# 1 Pen# 2 Pen# 3
 2300.00 22.00 160.00

2070.00 19.80 144.00

1840.00 17.60 128.00

1610.00 15.40 112.00

1380.00 13.20 96.00

1150.00 11.00 80.00

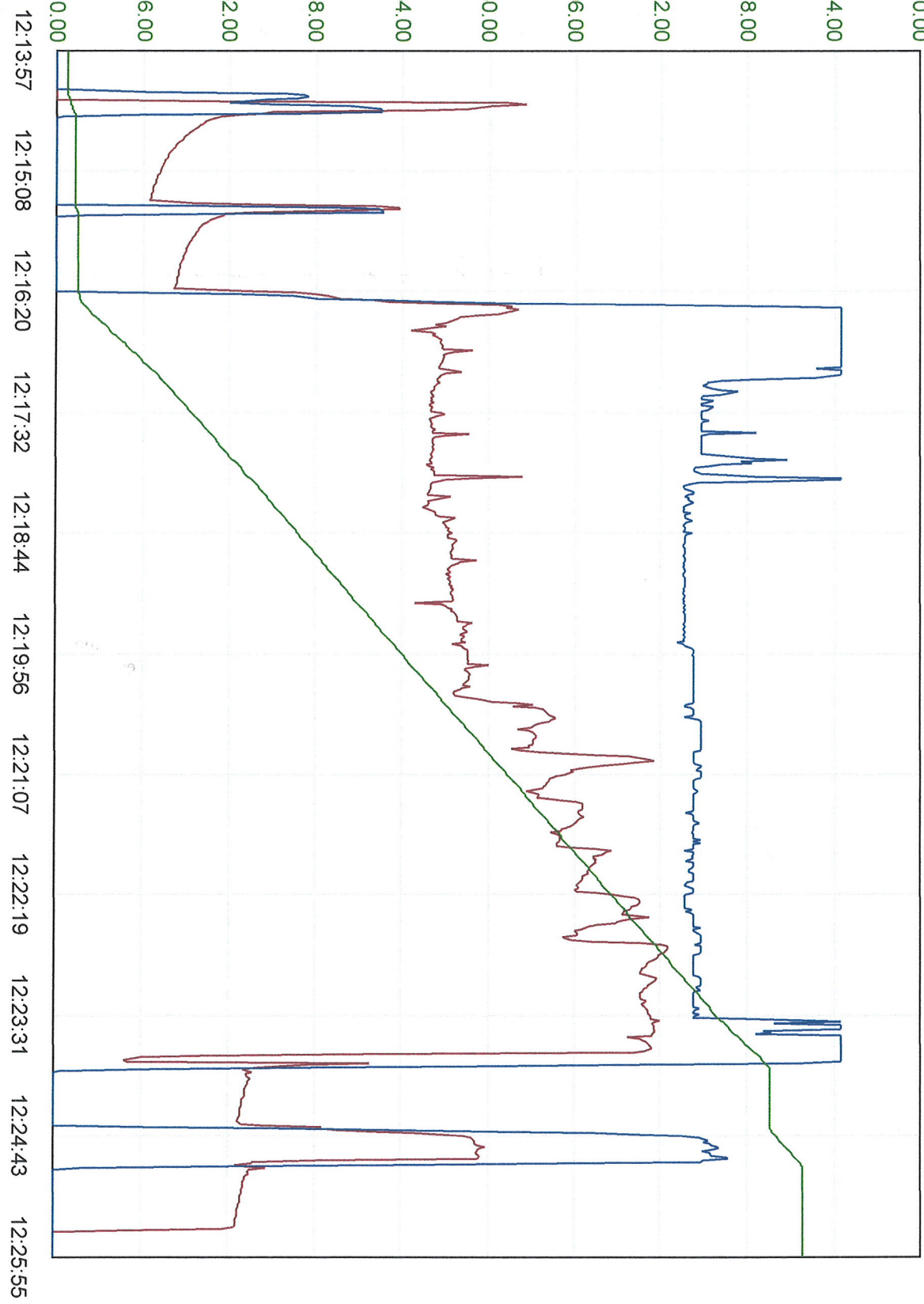
920.00 8.80 64.00

690.00 6.60 48.00

460.00 4.40 32.00

230.00 2.20 16.00

0.00 0.00 0.00



12:13:57 12:15:08 12:16:20 12:17:32 12:18:44 12:19:56 12:21:07 12:22:19 12:23:31 12:24:43 12:25:55