



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217415
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1217415

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
INVOICE
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 # 268891

Invoice Date: 06/19/2014 Terms: 0/30/10,n/30

Page 1

LEGEND OIL & GAS, LTD
14217 HIGHWAY 76
PAUMA VALLEY CA 92061
(760) 846-6295

BENNET #12
5220000872
22/25N/17E
06/16/2014
KS

Cemat
mf

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	50.00	13.1800	659.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1107A	PHENOSEAL (M) 40# BAG)	20.00	1.3500	27.00
1126	OIL WELL CEMENT	55.00	19.7500	1086.25
1110A	KOL SEAL (50# BAG)	350.00	.4600	161.00
1107A	PHENOSEAL (M) 40# BAG)	20.00	1.3500	27.00
1111	SODIUM CHLORIDE (GRANULA	350.00	.3900	136.50
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1123	CITY WATER	3000.00	.0173	51.90
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-655.42

	Description	Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	368.00	368.00
485	CEMENT PUMP	1.00	1085.00	1085.00
485	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
611	MIN. BULK DELIVERY	1.00	368.00	368.00
637	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Amount Due 4649.80 if paid after 06/29/2014

Parts:	2295.65	Freight:	.00	Tax:	117.29	AR	3947.52
Labor:	.00	Misc:	.00	Total:	3947.52		
Sublt:	-655.42	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

CEMENT FIELD TICKET AND TREATMENT REPORT

268891

Legend

Customer	Legend Oil & Gas 4757	State/County	Woodson, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	22	Excess (%)	30%
Customer Acct #		TWP	25N	Density	13.6/14
Well No.	Bennet # 12	RGE	17E	Water Required	7.29/7.93
Mailing Address		Formation		Yield	1.48/1.74
City & State		Tubing		Sacks of Cement	50/55
Zip Code		Drill Pipe	5 7/8	Slurry Volume	13.1/17
Contact		Casing Size	2 7/8	Displacement	4.9
Email		Hole Size		Displacement PSI	400/1000
Cell		Casing Depth	858	MIX PSI	150
Dispatch Location	EUREKA	Hole Depth	870	Rate	3
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	

5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.20	\$ 189.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	2	PER LOAD	\$368.00	\$ 736.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
				EQUIPMENT TOTAL	\$ 2,010.00
Cement, Chemicals and Water					
1131	60/40 POZMIX CEMENT W/ NO ADDITIVES (40% POZ)	50	0	\$13.18	\$ 659.00
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	20	0	\$1.35	\$ 27.00
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL. CHLORIDE 2% GE	55	0	\$19.75	\$ 1,086.25
1110A	KOL SEAL (50 # SK)	350	0	\$0.45	\$ 161.00
1107A	PHENOSEAL	20	0	\$1.35	\$ 27.00
1111	GRANULATED SALT (50#) SELL BY #	350	0	\$0.39	\$ 136.50
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
0				\$0.00	\$ (655.42)
0				\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	3	0	\$17.30	\$ 51.90
				CHEMICAL TOTAL	\$ 1,581.23

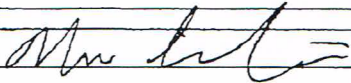
Water Transport					
5502C	80 BBL VACUUM TRUCK (CEMENT)	2	BL VACUUM TRUCK (CEM	\$90.00	\$ 180.00
0				\$0.00	\$ -
0				\$0.00	\$ -
				TRANSPORT TOTAL	\$ 180.00

Cement Floating Equipment (TAXABLE)					
0	Cement Basket		0	\$0.00	\$ -
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
4402	Plugs and Ball Sealers 3 7/8" RUBBER PLUG	2	0	\$29.50	\$ 59.00
0	Downhole Tools		0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 59.00

DRIVER NAME	
690	John Wade
485	Zevn
479	Merel
611	Seth
637	coop

completed

7.15%	SUB TOTAL	\$ 3,830.23
	SALES TAX	\$ 117.29
	DISCOUNTED TOTAL	\$ 3,947.52

AUTHORIZATION 

DATE _____

TITLE _____

FOREMAN 

KNOWLEDGE 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, CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.