



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246818
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: _____



1246818

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

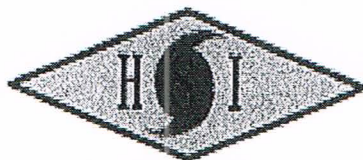
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

Customer:

LEGEND OIL & GAS LTD
555 NORTHPOINT CENTER EAST
SUITE 400
ALPHARETTA, GA 30022

Invoice Date: 1/30/2015
Invoice #: 0016242
Lease Name: CRESS
Well #: 13
County: WOODSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50519 of JB	0.000	0.000	0.00
Cement pump multiple wells	1.000	675.000	675.00
Vacuum Truck 80 bbl 111	2.000	84.000	168.00
80bbl Vac truck 108	2.000	84.000	168.00
Bulk trailer #250	1.000	300.000	300.00
Cement Pozmix 60/40	121.000	12.000	1,452.00 T
Bentonite Gel	408.000	0.300	122.40 T
FLO Seal	30.250	2.150	65.04 T
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
Discount	1.000	150.000-	150.00-

Net Invoice 2,825.44
Sales Tax: (7.15%) 119.00
Total 2,944.44

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!

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Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



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250 N. Water, Suite 200
Wichita, KS 67202

Customer:
LEGEND OIL & GAS LTD
555 NORTHPOINT CENTER EAST
SUITE 400
ALPHARETTA, GA 30022

Invoice Date: 1/30/2015
Invoice #: 0016230
Lease Name: CRESS
Well #: 13
County: WOODSON

Date/Description	HRS/QTY	Rate	Total
See ticket 32691 of Rig 8	4.000	150.000	600.00
Power tongs	1.000	37.000	37.00
Thread lube	1.000	21.000	21.00

Total 658.00

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.
WELL SERVICE DIVISION



HURRICANE SERVICES INC
OILFIELD SERVICES

Date 1-30-15 Rig # 708 CO. Woodson

Operator Jason Hare

Company Ledgen Oil & Gas

Roust Vince Higbee

Lease Cross

Roust Pat Aurita

Time Out 2:30 On 2:45

Well # 13 Old _____ New

Off 5:30 In 6:30 Total Hrs 4

Diameter	Quantity					
		Sucker Rods				
		Rod Subs	2'	4'	6'	8' 10'
		Pump Data (One Circle)	Size: 1 1/4" 1 1/2" 1 3/4" 1 25/32" 2" 2 1/4" Other: _____			Type: Insert / Tubing
			Plunger: Cup _____ Rings _____		SPMTL _____	BBL Length: _____
		Gas Anchor	Strainer: _____ Size of G.A. _____			
<u>2 7/8</u>	<u>27</u>	Tubing	Size: _____		Thread: <u>8 R upset</u>	#Jts: _____
		Tubing Subs	2'	4'	6' 8' 10'	10'
		Working Barrel	Size: _____		Length: _____	Set @: _____
		Mud Anchor	Plugged or Open: _____		Length: _____	Size: _____
		Seating Nipple			Length: _____	Size: _____
		Packer/Anchor	Type: _____		Size: _____	Set @: _____
		Polish Rod	Length: _____		Diameter: _____	
		Polish Rod Liner	Length: _____		Diameter: _____	Type: _____

***** Indicate if what was ran in hole is different than what was removed*****

Rod Break:	# Down:	Body:	Box:	Other:
Tbg Leak:	# Down:	Split:	Hole:	Collar Leak:
Scale:	Pitting:	Corrosion:		Misc:

Tubing # of Trips 1

Y / N	Motel and Per Diem:	# of Nights	# of Men	Y / N	Handling Sub for Drill Collars
<input checked="" type="checkbox"/> Y	Tongs - Trips:	<u>1</u>	Y / N	Extra Wash Head Rubber-Qty:	Y / N Drill Collars 3 1/8" - Qty :
Y / N	Casing Tongs - Trips:		Y / N	Sand Hog Bailer Per Well	Y / N Bumper Sub 3 1/8"
Y / N	Paint		Y / N	Sand Pumps	Y / N Bridge Plug & Packer 4 1/2"
<input checked="" type="checkbox"/> Y	Tubing Lube - Trips:	<u>1</u>	Y / N	Wash Head & Stripping Rubber	Y / N Bridge Plug & Packer 5 1/2"
Y / N	Weight Indicator Per Well		Y / N	Chlckson and Hoses Per Well	Y / N Power Swivel 730 731
Y / N	Depthometer Per Well		Y / N	Standpipe and Kelly Hose Per Well	Y / N Pipe Trailer 762 763
Y / N	Casing Swab Jars/Equipment		Y / N	Impression Block Per Well	Y / N Turn Table - Hours:
Y / N	Tubing Swab Jars Per Well		Y / N	Scraper 4 1/2" Per Well	Y / N Rod Fishing Tool Per Use
Qty:	Swab Cups: 5 1/2" 4 1/2" 2 7/8" 2 3/8"		Y / N	Scraper 5 1/2" Per Well	Y / N Pressure Tester
Y / N	100 BBL Swab Tank		Y / N	Scraper 7" Per Well	Y / N Wedding Band
Y / N	Mud Mixing Tank Per Day		Y / N	Carbide Bits 4 1/2" 5 1/2" Per Well	
Y / N	Oil Saver		Y / N	New Bit: 3 3/4" 3 7/8" 4 3/4" 4 7/8" 6 1/4" Per Well	
Qty:	Oil Saver Rubber (Extra)		Y / N	Used Bit: 3 3/4" 3 7/8" 4 3/4" 4 7/8" 6 1/4" Per Well	
Y / N	Bailer Per Well				

Remarks: Drove to location, waited for Drilling rig, to rig down off location, rigged up, tallied tubing, ran tubing, float shoe and centralizers, set shoe at 825', HSI cemented casing, rigged down, drove to HSE shop.

[Signature] 2-2-15