

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1254157

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

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: _____



1254157

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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				

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)

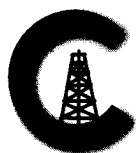
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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 (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	_____ _____



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 # 271722

Invoice Date: 10/13/2014 Terms: 0/30/10,n/30

Page 1

LEGEND OIL & GAS, LTD
STE. 400 555 N. POINT CTR EAST
ALPHARETTA GA 30022
(760) 846-6295

LANDER #5
5220000965
28/29/15
10/08/2014
KS

Description		Hours	Unit Price	Total
WATER TRANSPORT (CEMENT)		3.00	120.00	360.00
Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	95.00	13.1800	1252.10
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107A	PHENOSEAL (M) 40# BAG)	100.00	1.3500	135.00
1126	OIL WELL CEMENT	55.00	19.7500	1086.25
1107A	PHENOSEAL (M) 40# BAG)	40.00	1.3500	54.00
1110A	KOL SEAL (50# BAG)	350.00	.4600	161.00
1111	SODIUM CHLORIDE (GRANULA	350.00	.3900	136.50
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1123	CITY WATER	5000.00	.0173	86.50
Sublet Performed				Total
9996-170				-883.75
Description		Hours	Unit Price	Total
485	CEMENT PUMP	1.00	1085.00	1085.00
485	EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
515	WATER TRANSPORT (CEMENT)	3.00	120.00	360.00
667	MIN. BULK DELIVERY	2.00	368.00	736.00

Amount Due 5948.83 if paid after 10/23/2014

Parts: 3032.35 Freight: .00 Tax: 132.13 AR 5010.73
Labor: .00 Misc: .00 Total: 5010.73
Sublt: -883.75 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

10/8/2014

5220000965

CEMENT FIELD TICKET AND TREATMENT REPORT

271722

Legand Oil & Gas		Wilson, Kansas		CLASS A	
Long String		28		30%	
Lander #5		29		13.6/14	
		15		7.29/7.9	
				1.48/1.74	
				100/55	
				26.3/17	
		4 1/2 10.5#		20.1	
		6 3/4		500	
		1263		250	
		1280		3.5	
EUREKA					
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		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
0		0		\$0.00	\$ -
EQUIPMENT TOTAL				\$	2,010.00
1131	6040 POZMX CEMENT W/ NO ADDITIVES (40% POZ)	95		\$13.18	\$ 1,252.10
1118B	PREMIUM GEL/BENTONITE (50#)	350		\$0.22	\$ 77.00
1107A	PHENOSEAL	100		\$1.35	\$ 135.00
1126	MWC. CEMENT (CAL SEAL) 8%OWC. 2% CAL. CHLORIDE 2% GE	55		\$19.75	\$ 1,086.25
1107A	PHENOSEAL	40		\$1.35	\$ 54.00
1110A	KOL SEAL (50 # SK)	350		\$0.46	\$ 161.00
1111	GRANULATED SALT (50#) SELL BY #	350		\$0.39	\$ 136.50
1118B	PREMIUM GEL/BENTONITE (50#)	200		\$0.22	\$ 44.00
0	30% Discount			\$0.00	\$ (883.75)
0				\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	5		\$17.30	\$ 86.50
CHEMICAL TOTAL				\$	2,148.60
5501C	WATER TRANSPORT (CEMENT)	3	WATER TRANSPORT (CEMENT)	\$120.00	\$ 360.00
5501C	WATER TRANSPORT (CEMENT)	3	WATER TRANSPORT (CEMENT)	\$120.00	\$ 360.00
0				\$0.00	\$ -
TRANSPORT TOTAL				\$	720.00
CEMENT FLOATING EQUIPMENT (EXEMPT)					
0	Centralizer			\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0	Float Shoe			\$0.00	\$ -
0				\$0.00	\$ -
0	Float Collars			\$0.00	\$ -
0				\$0.00	\$ -
0	Guide Shoes			\$0.00	\$ -
0				\$0.00	\$ -
0	Baffle and Flapper Plates			\$0.00	\$ -
0				\$0.00	\$ -
0	Packer Shoes			\$0.00	\$ -
0				\$0.00	\$ -
0	DV Tools			\$0.00	\$ -
0				\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.			\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
4404	4' 1/2" RUBBER PLUG		PER UNIT	\$47.25	\$ -
0	Downhole Tools			\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL				\$	4,878.60
SUB TOTAL				\$	192.18
SALES TAX				\$	-
TOTAL				\$	192.18
DISCOUNT				\$	-
DISCOUNTED TOTAL				\$	5010.79

AUTHORIZATION

DATE

TITLE

FOREMAN

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

Operator: Legend Oil & Gas
Address: 400,555 Northpoint Center East
Alpharetta GA 30022
Well No: 5
Lease Name: Lander
Footage Location: 1650 ft. from the (N) (S) Line
330 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 9/30/14
Geologist:
Date Completed: 10/6/14
Total Depth: 1280'

[illegible]

Casing Record			Rig Time:
	Surface	Production	
Size Hole:	11"	6 3/4"	
Size Casing:	8 5/8"		
Weight:	28#		
Setting Depth:	42'		
Type Cement:	port		
Sacks:	8	McPherson	

In) water @ 380'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	3	Shale	749	753			
Lime	3	57	Sand/Shale	753	803			
Shale	57	77	Sand	803	836	no sho		
Lime	77	143	Shale	836	849			
Shale	143	149	Coal	849	850			
Lime	149	161	Shale	850	858	no sho		
Shale	161	282	Sand	858	862			
Lime	282	291	Lime	862	877			
Shale	291	300	Blk Shale	877	881			
Sand	300	377	Shale	881	896			
Shale	377	419	Sand/Shale	896	905			
Lime	419	507	Lime	905	930			
Black shale	507	511	Blk Shale	930	936			
Lime	511	515	Lime	936	949			
Sand	515	547	milky	949	954			
Shale	547	553	Lime	954	958			
Lime	553	578	Sand/Shale	958	977			
Shale	578	621	Shale	977	1024			
Lime	621	640	Lime	1024	1027			
Shale	640	679	Shale	1027	1054			
Lime	679	703	Sand/Shale	1054	1155	no sho		
Shale	703	713	Sand	1155	1188			
Lime	713	736	oil Sand	1188	1229			
Sand	736	749	Shale	1229	1280	TD		