



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254234
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: _____



1254234

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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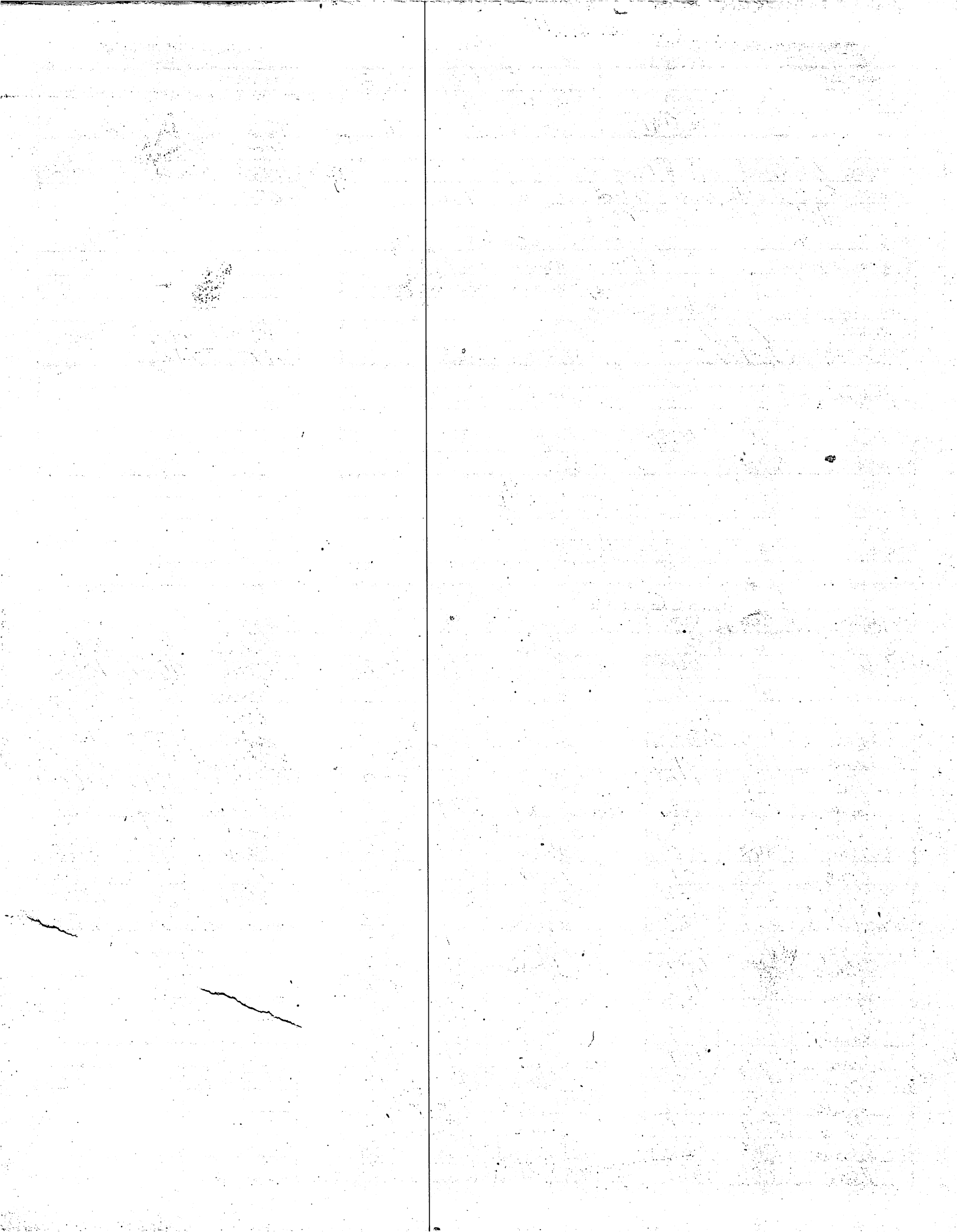
Rig Number: 1	S.28 T.29 R.1SE
API No. 15-205-28350	County: Wilson
Elev. 991'	Location: SE-SW-NE-SE

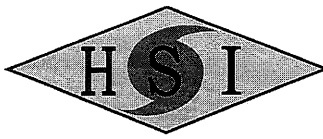
Operator: Legend oil & Gas	
Address: 555 Northpoint Ctr East suite 400 Alpharetta GA 30022	
Well No: 8	Lease Name: Londer
Footage Location: 1475 ft. from the (N) (S) Line	
	820 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 5/13/15	Geologist:
Date Completed: 5/19/15	Total Depth: 1355'

Gas Tests:	
955'	Slight Blow
1055'	Same
1080'	Same
1280'	Same
	put oil on pit from 1177' to 1220'

Casing Record			Rig Time:
	Surface	Production	
Size Hole:	11"	6 3/4"	
Size Casing:	8 5/8"		
Weight:	23#		
Setting Depth:	42'		
Type Cement:	port		
Sacks:	8		

Inj water @ 380'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Soil	0	2	Shale	621	666	Shale	1039	1061
lime	2	44	lime	666	682	coal	1061	1062
Shale	44	62	Shale	682	715	Shale	1062	1072
lime	62	125	lime	715	724	coal	1072	1073
Shale	125	133	shale	724	763	Shale	1073	1138
lime	133	151	coal	763	764	No Sand	1138	1147
Shale	151	268	shale	764	779	Sand/Shale	1147	1160
lime	268	278	Sho Sand	779	821	oil Sand	1160	1219
band	278	348	Sand/Shale	821	833	coal	1219	1220
Shale	348	350	lime	833	836	Shale	1220	1255
coal	350	351	coal	836	837	coal	1255	1256
band	351	354	lime	837	858	Shale	1256	1300
Sand/Shale	354	384	Shale	858	892	Mississippi	1300	1355 TD
lime	384	387	lime	892	915			
Shale	387	407	Shale	915	924			
lime	407	413	lime	924	936			
Sand	413	421	Shale	936	940			
Shale	421	429	coal	940	941			
lime	429	499	lime	941	944			
Sand	499	532	Shale	944	946			
Shale	532	539	Slight bed Sand	946	950			
lime	539	569	Shale	950	1016			
Shale	569	606	oil Sand	1016	1034			
lime	606	621	Sand/Shale	1034	1039			





250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	Legend Oil			Customer Name:		Ticket No.:	50667			
Address:				AFE No.:		Date:	5/20/2015 5-19-15			
City, State, Zip:				Job type	Cement Longstring (new well)					
Service District:				Well Details:	4 1/2 casing @ 1331.. 6 3/4 hole @ 1355					
Well name & No.	Landers #8			Well Location:		County:	Wilson	State:	KS	
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED			AM PM	TIME
25	Dwayne	extra	Joe			ARRIVED AT JOB			AM PM	
231	Tom	extra	Jeff			START OPERATION			AM PM	
242	Troy					FINISH OPERATION			AM PM	
110	Amos					RELEASED			AM PM	
146/156	Billy					MILES FROM STATION TO WELL				

Treatment Summary

Installed cement head and pumped 20 bbl water pad followed by 17 bbl gel sweep and 92 sks of 60/40 poz mix 2% gel and 100 sks of OWC. Flushed pump and pumped Latch down plug to bottom and set float shoe... 7 bbl slurry to pit.. 6300 gals of water from Fredonia..

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c00101	Heavy Equip. One Way	mi	30.00	\$3.25	\$97.50	20.00%	\$78.00
c00102	Light Equip. One Way	mi	30.00	\$1.50	\$45.00	20.00%	\$36.00
c23101	Cement Pump (Longstring & Plug)	ea	1.00	\$790.00	\$790.00	20.00%	\$632.00
c11000	Vacuum Truck 80 bbl	ea	2.00	\$84.00	\$168.00	20.00%	\$134.40
c15600	Transports 150 bbl	ea	2.00	\$105.00	\$210.00	20.00%	\$168.00
p01605	O.W.C. Cement	sack	100.00	\$17.95	\$1,795.00	20.00%	\$1,436.00
p01603	60/40 Pozmix Cement	sack	92.00	\$12.00	\$1,104.00	20.00%	\$883.20
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	20.00%	\$48.00
p01607	Bentonite Gel	lb	158.00	\$0.30	\$47.40	20.00%	\$37.92
p02000	H2O	gal	8,600.00	\$0.01	\$111.80	20.00%	\$89.44
c24201	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	20.00%	\$240.00

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

Gross: \$ 4,728.70		Net: \$ 3,782.96	
Total Taxable	\$ -	Tax Rate:	6.150%
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ -
		Total:	\$ 3,782.96

Date of Service:	5/19/2015
HSI Representative:	Joe Blanchard / Dwayne Lowe
Customer Representative:	Terry Carroi

Customer Comments or Concerns: