



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1272998
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 |
|-----------------------------------|-----------------|---|

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: _____



1272998

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 |
|--|---|

| 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> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice# 805848

Invoice Date: 09/30/15

Terms: Net 30

Page 1

LEGEND OIL & GAS, LTD
 5555 Northpoint Center East Suite 401
 Alpharetta GA 30022
 USA
 206-274-5165

LANDER #9

| Part No | Description | Quantity | Unit Price | Discount(%) | Total |
|---------|--|----------|------------|-------------|----------|
| CE0450 | Cement Pump Charge 0 - 1500' | 1.000 | 1,500.0000 | 48.000 | 780.00 |
| CE0002 | Equipment Mileage Charge - Heavy Equipment | 50.000 | 7.1500 | 48.000 | 185.90 |
| CE0710 | Cement Delivery Charge | 410.750 | 1.7500 | 48.000 | 373.78 |
| WS2402 | Water Transport (Cement Service) | 5.000 | 120.0000 | 48.000 | 312.00 |
| CC5861 | ThixoBlend II | 155.000 | 27.0000 | 48.000 | 2,176.20 |
| CC5965 | Bentonite | 200.000 | 0.3000 | 48.000 | 31.20 |
| CC6075 | Celloflake | 39.000 | 2.0000 | 48.000 | 40.56 |
| CC6079 | PhenoSeal Formica Flakes | 310.000 | 1.3500 | 48.000 | 217.62 |

Subtotal 7,917.81
 Discounted Amount 3,800.55
 SubTotal After Discount 4,117.26

Amount Due 8,226.01 If paid after 10/30/15

Tax: 160.26
 Total: 4,277.52



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

4356
4259

TICKET NUMBER 49833
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|--------------------|---------|-----------------|-------|--------|
| 9-30-15 | 41759 | Lander #9 | SE 28 | 29 E | 15E | WL |

| CUSTOMER | TRUCK # | DRIVER | TRUCK # | DRIVER |
|---|----------|----------|---------|--------|
| Legend Oil & Gas LTD 5555 Northpoint Center Alpharetta GA 30022 | 712 | Fred Mad | | |
| | 467 | Kei Car | | |
| | 505/T106 | Mik Hoo | | |
| | 510 | Tro Hoo | | |

JOB TYPE Landstring HOLE SIZE 63/4 HOLE DEPTH 135' CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 1339 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2 P104
 DISPLACEMENT 21.25 BB DISPLACEMENT PSI/100-500' MIX PSI 280* RATE 4 BPM

REMARKS: Hold Safety meeting. Wash down 1 int 4 1/2" casing. Circulate well to sand screen. Holes Mix + Pump 200# Gel Flush. Mix + Pump 155 sks Thixo Blend II A Cement w/ 2# Pheno Seal + 1/4# Poly Flake / sk. Flush pump + lines clean. Displace customers 4 1/2" hatch down Rubber plug to casing TD. Pressure to 850# PSI. Release pressure to set float valve. Circulated app 5 ABL Cement Slurry.

Note: Customer Supplied

Fred Maden

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|----------------------------|--------------------|
| CE 0450 | 1 | PUMP CHARGE | 467 1500 ⁰⁰ | |
| CE 0002 | 50 mi | MILEAGE | 467 357 ⁵⁰ | |
| CE 0710 | 410.75 | Ten Miles Deliv | 570 718 ⁸¹ | |
| WS 2402 | 5 hrs | Water Transport | 505/T106 600 ⁰⁰ | |
| | | Sub Total | 3176 ³¹ | |
| | | less 48% | 1524 ⁶³ | 1651 ⁶⁸ |
| CE 5861 | 155 sks | Thixo blend II A Cement | 4185 ⁰⁰ | |
| CE 5965 | 200# | Bentonite Gel | 60 ⁰⁰ | |
| CC 6075 | 39# | Celloflake | 75 ⁴⁰ | |
| CC 6079 | 310# | Pheno seal | 418 ⁵⁰ | |
| | | Sub Total | 4741 ⁵⁰ | |
| | | less 48% | -2275 ⁸² | 2465 ⁶⁸ |
| | | 6.5% | SALES TAX | 160 ²⁶ |
| | | | ESTIMATED TOTAL | 4277 ⁵² |

Rev'n 3737

AUTHORIZATION Doug Jensen TITLE Foreman DATE _____

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.