

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34152
Name: Legend Energy LLC
Address 1: 3107 Thornton Ave.
Address 2: _____
City: Parsons State: KS Zip: 67357 + _____
Contact Person: Ray Gilbert
Phone: (620) 820-9687
CONTRACTOR: License # 5831
Name: M.O.K.A.T
Wellsite Geologist: None
Purchaser: Coffeyville Resources

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SIOW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, 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: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
11/24/09 11/24/09 12/9/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 037-22094-00-00
Spot Description: NE SW NE NW
NE SW NE NW Sec. 32 Twp. 30 S. R. 22 East West
675 Feet from North / South Line of Section
1780 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Crawford
Lease Name: Hobson Well #: 19
Field Name: Unknown
Producing Formation: Skinner Sand
Elevation: Ground: 898 Kelly Bushing: _____
Total Depth: 610 Plug Back Total Depth: 600
Amount of Surface Pipe Set and Cemented at: 23.8 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: Surface
feet depth to: 610 w/ 96 sx cmt.

Drilling Fluid Management Plan Att X NUR 2-17-10
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Evaporate
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: Owner Date: 1/29/10
Subscribed and sworn to before me this 3rd day of February
20 10.
Notary Public: Janet George
Date Commission Expires: May 9, 2010

NOTARY PUBLIC - State of Kansas
JANET GEORGE
5-9-2010

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
V Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

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Operator Name: Legend Energy LLC Lease Name: Hobson Well #: 19
 Sec. 32 Twp. 30 S. R. 22 East West County: Crawford

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| | | | | | | | | | | |
|---|---|-------|-----|-------|---------|-----|-----|---------------|-----|-----|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron, Diff. Temp/Density Dual Induction, Density Neutron | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Skinner</td> <td>199</td> <td>699</td> </tr> <tr> <td>Mississippian</td> <td>486</td> <td>412</td> </tr> </table> | Name | Top | Datum | Skinner | 199 | 699 | Mississippian | 486 | 412 |
| Name | Top | Datum | | | | | | | | |
| Skinner | 199 | 699 | | | | | | | | |
| Mississippian | 486 | 412 | | | | | | | | |

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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 |
| Surface | 11" | 8 5/8" | 20# | 23' | Portland | 4 | |
| Casing | 6 3/4" | 4 1/2" | 9.5# | 600' | 50-50 Poz | 96 | |

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| 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 | | | | |

| 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 |
|----------------|---|---|-------|
| 2 | 565'-572' | 300 gal 7 1/2% HCL | |
| 2 | 507'-512', 496'-499', 489'-490' | 300 gal 7 1/2% HCL | |
| | Cast Iron Bridge Plug | | 450' |
| 2 | 231'-245', 227'-229' | 250 gal 15% HCL | |

| | | | | |
|----------------|---------------------|---------------------|------------|---|
| TUBING RECORD: | Size: <u>2 3/8"</u> | Set At: <u>250'</u> | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|---------------------|---------------------|------------|---|

| | | | | | |
|--|--|------------------|-------------------------|---------------|-------------------|
| Date of First, Resumed Production, SWD or Enhr. <u>12/17/09</u> | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | | |
| Estimated Production Per 24 Hours | Oil Bbbs. <u>0.25</u> | Gas Mcf <u>0</u> | Water Bbbs. <u>.025</u> | Gas-Oil Ratio | Gravity <u>29</u> |

| | | |
|---|---|---|
| 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: <u>Skinner Sand</u> |
|---|---|---|

INVOICE



MOKAT DRILLING



P.O. Box 590
 Caney, Kansas 67333
 (316) 879-5377
 or 879-2185

P.O. Box 325
 Tyro, Kansas 67364
 316/289-4784
 or 316/-289-4785

Air Rotary Drilling
 Petroleum Exploration
 Core Drilling
 Mineral Drilling

Date 11, 24, 09

Legend Energy LLC
3107 Thornton AVE.
Perksen KS. 67357
Hobson Lease Well No. # 19

| Quantity | Description | Amount |
|------------|--|--------|
| <u>611</u> | Drilled at \$ <u>7:00</u> per foot | |
| | Drilled at per foot | |
| | Surface Pipe @ \$ per foot | |
| <u>4</u> | Cementing Surface Casing <u>15.00</u> per sack | |
| | Sacks Cement @ \$ per sack | |
| | Sample Bags @ each | |
| | Pit and Dozer Work | |
| | @ | |
| | Coring per foot | |
| | Hours Rig Time @ per hr. | |
| | | |
| | <u>pd 11/24/09</u> <u>CL# 1002</u> | |
| | | |
| | Tax on Materials | |
| | Total | |

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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 22481

LOCATION Ottawa KS

FOREMAN Fred Moran

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------|--------------------|-------------------------------|----------|-------|--------|
| 11/25/09 | | Hobson # 19 | | | | CR |
| CUSTOMER Legend Energy LLC | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS 3107 Thornton | | | 506 Fred | | | |
| CITY STATE ZIP CODE Parsons KS 66357 | | | 495 Casey | | | |
| | | | 503 Arlen | | | |
| | | | 489/T103 GeoTay | | | |

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 611 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 604' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2 Plug
 DISPLACEMENT 9.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 PPM

REMARKS: Establish circulation. Mix Pump 200# Premium Gel
 Flush. Mix Pump 5.5 BBL telltale dye. Mix Pump
 98 sks 50/50 Pro Mix Cement 2% Gel. Flush pump &
 lines clean. Displace 4 1/2" Rubber Plug to casing TD w/
 9.6 BBL Fresh water. Pressure to 600# PSI. Release
 Pressure to set float valve. Shot in casing.

Fred Moran

Morkat Drilling

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE |
|--------------|-------------------|------------------------------------|------------|
| 5401 | 1 | PUMP CHARGE Cement Pump | |
| 5406 | 115 mi | MILEAGE Pump Truck | |
| 5402 | 604' | Casing Footage | |
| 5407 | 473.34 | Ton Miles. | |
| 5501C | 3 hrs | Transport 489/T103 | |
| 1124 | 96 sks | 50/50 Pro Mix Cement | |
| 1118B | 365# | Premium Gel | |
| 41404 | 1 | 4 1/2" Rubber Plug | |
| | | # 1004 | |

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Ravin 3737

AUTHORIZATION *[Signature]*

TITLE

DATE

SALES TAX ESTIMATED TOTAL

6.3%