



KANSAS CORPORATION COMMISSION 1062363
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34471
Name: Legend Oil & Gas Ltd.
Address 1: 1420 5th AVE, STE 2200
Address 2: _____
City: SEATTLE State: WA Zip: 98101 + _____
Contact Person: Marshall Diamond-Goldberg
Phone: (403) 617-2071
CONTRACTOR: License # 33986
Name: Owens Petroleum Services, LLC
Wellsite Geologist: None
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>7/09/2011</u>	<u>7/09/2011</u>	<u>8/01/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27868-00-00

Spot Description:
SE NE NW SW Sec. 22 Twp. 25 S. R. 17 East West
2145 Feet from North / South Line of Section
1155 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Orth-Gillespie Well #: 6
Field Name: _____

Producing Formation: Squirrel
Elevation: Ground: 1025 Kelly Bushing: 1035
Total Depth: 850 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 850 w/ 87 sx cm.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 20 bbls
Dewatering method used: Evaporated
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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 10/06/2011



1062363

Operator Name: Legend Oil & Gas Ltd. Lease Name: Orth-Gillespie Well #: 6
 Sec. 22 Twp. 25 S. R. 17 East West County: Woodson

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 complete copy of all Electric Wire-line 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 type="checkbox"/> Yes <input checked="" 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Squirrel Sand 766
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CASING RECORD <input checked="" 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	11.25	7	25	20	Monarch	20	None
Long String	5.625	2.785	10.5	850	OWC	87	2% Gel

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	-			

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
3	792-802	15% HCL, 300# 20/40 sand and 3700# 12/20 sand	792-802

TUBING RECORD: Size: <u>1</u> Set At: Packer At: Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR: <u>08/10/2011</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 Bbls. <u>2</u> Gas Mcf <u> </u> Water Bbls. <u>2</u> Gas-Oil Ratio <u> </u> Gravity <u> </u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

2nd fill

TICKET NUMBER 52770
FIELD TICKET REF # 45221
LOCATION Thru
FOREMAN Boyd

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-11	4759	Orin Gillespie #6	22	25	17	W0

CUSTOMER

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Trump		
478	Moore		
582	Wes		
618/195	Moore		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
2 1/2" 302	(31) 9'

TYPE OF TREATMENT
Acid Spill / Sand Fracture

CHEMICALS

<i>Con/Water</i>	<i>75 Rb HCl Acid</i>
<i>KCl Sol.</i>	<i>Tub. L.</i>
<i>20' Gel / 18' Gel</i>	<i>Stimul.</i>
<i>Bleed L.</i>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>1st</i>	<i>15</i>	<i>16</i>				BREAKDOWN <i>1700</i>
<i>20' 1st</i>				<i>300</i>		START PRESSURE
<i>10' 2nd</i>				<i>1700</i>		END PRESSURE
<i>16' 3rd</i>						BALL OFF PRESS
<i>12' 4th</i>				<i>500</i>		ROCK SALT PRESS
<i>11' 5th</i>				<i>1700</i>		ISIP <i>375</i>
<i>11' 6th</i>	<i>10</i>					5 MIN
<i>Release back</i>						10 MIN
<i>Open</i>	<i>5</i>					15 MIN
						MIN RATE
						MAX RATE
						DISPLACEMENT
<i>Totals</i>	<i>130</i>			<i>4000</i>		

REMARKS: *Spill acid to pack - 1st stage - 1st stage*

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

OPERATOR:

LEASE/WELL#

	FOOTAGE:	FORMATION:	
23	559.3	L 574 - 578	
24	580.0	L 575 L 599-	
25	600.7	L-608	
26	621.4	L 634 - 635	
27	642.1	Shale/lime	
28	662.8	LL 72 - 677 L 680-	
29	683.5	L-684 ⁶⁸⁵ L 686 - 702	
30	704.2	L 707 - 711 L 715 - 716 L 721 - 723	
31	724.9	L 735 - ⁷³⁶ L 750 - 754	
32	745.6	L - 750 L 752 - 753 - ⁷⁵⁴ 764	
33	766.3	764-770 ⁷⁷⁰ L 780 - 782 ⁷⁸³ L 782 - 784 ⁷⁸⁵ 784 - 786 shale - 789	
34	787.0	⁷⁸⁷ 790 cap - 792 - 794 ⁷⁹⁵ sand 794 - 796 ⁷⁹⁷ sand 796 - 798 ⁷⁹⁹ shale	
35	807.7	⁸⁰⁰ 798 - 800 shale/gand 800 - 802 shale/gand 802 - 805 shale	
36	828.4		
37	849.1		
40	869.8		
41	890.5		
42	911.2		
43	931.9		
44	952.6		
45	973.3		
46	994.0		
47	1014.7		
48	1035.4		
49	1056.1		
50	1076.8		
51	1097.5		
52	1118.2	# 6	
53	1138.9	SIN 775	
54	1159.6		
55	1180.3		
56	1201.0	RTD 830	
57	1221.7		90% Xylene
58	1242.4		
59	1263.1	838	
60	1283.8	839	
61	1304.5		
62	1325.2		
63	1345.9		
64	1366.6		
65	1387.3		
66	1408.0		
67	1428.7		
68	1449.4		
69	1470.1		
70	1490.8		

Owens Petroleum Services, LLC
 Scott and Jody Owens
 1274 202nd Rd
 Yates Center, KS 66783

(620) 625-3607

Invoice

Bill To:
Legend Oil & Gas Ltd. 1420 5th Avenue, Suite 2200 Seattle, WA 98101

LEASE	WELL #	DATE	INVOICE#
Orth Gillespie	6	6/27/2011	062711,OGil

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Dug drill pit		400.00	400.00
*SET SURFACE AND CEMENT 20 bags of Monarch cement		500.00	500.00
*TANK TRUCK Filled pit with water		450.00	450.00
*DRILLING RIG Rig TD - 850' Pipe TD - S/N -	850.0	7.00	5,950.00
Total:			\$7,300.00

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 68720

Date	Invoice #
6/28/2011	45605

Cement Treatment Report

Legend Oil & Gas Ltd.
4500, 601 Union Street
Seattle, WA 98101

(x) Landed Plug on Bottom at 700 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Shut in

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 5/8"
 TOTAL DEPTH: 850

Well Name	Terms	Due Date		
	Net 15 days	7/9/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	839	3.00	2,517.00	
Sales Tax		7.30%	0.00	

Orth-Gillespie #6
 Woodson County
 Section: 22
 Township: 25
 Range: 17

Hooked onto 2 7/8" casing. Established circulation with 5 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 87 sacks of OWC, dropped rubber plug, and pumped 5 barrels of water

Total	\$2,517.00
Payments/Credits	\$0.00
Balance Due	\$2,517.00



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES

P. O. Box 68 • Osawatomie, KS 66064
Phone 913-755-2128 • Fax 913-755-6533

Perforation Record

Company: Legends Oil & Gas, LTD
Lease/Field: Orth Gillespie Lease
Well: # 6
County, State: Woodson County, Kansas
Service Order #: 24163
Purchase Order #: N/A
Date: 7/8/2011
Perforated @: 792.0 to 805.0
Type of Jet, Gun or Charge: 2" DML RTG 120 Degree Phase
Number of Jets, Guns or Charges: Thirty One (31)
Casing Size: 2 7/8"