



KANSAS CORPORATION COMMISSION 1069239
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: Picqua Petro Inc.
Well Name: Massoth-Ellis 1-02
Original Comp. Date: 08/30/2002 Original Total Depth: 1045
 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>9/7/2011</u>	<u>9/7/2011</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-207-26775-00-01

Spot Description: _____
SW SW SE NW Sec. 22 Twp. 25 S. R. 17 East West
2815 Feet from North / South Line of Section
1535 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson
Lease Name: MASSOTH-ELLIS Well #: 1-02
Field Name: _____

Producing Formation: Squirrel
Elevation: Ground: 1028 Kelly Bushing: 1038
Total Depth: 1045 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: _____
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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gaffoa Date: 11/30/2011



1069239

Operator Name: Legend Oil & Gas Ltd. Lease Name: MASSOTH-ELLIS Well #: 1-02
 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Squirrel 796
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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
— 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
0	Bridge Plug	None	850
3	794-804	15% HCl, 150# 20/40 sand and 3850# 12/20 sand	794-804

TUBING RECORD: Size: <u>1</u> Set At: Packer At: Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>9/17/2011</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 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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: Massoth-Ellis Lease

Well: # 1-02

County, State: Woodson County, Kansas

Service Order #: 24640

Purchase Order #: N/A

Date: 9/7/2011

Perforated @: 794.0 to 804.0

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"



Invoice

MIDWEST SURVEYS

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

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

Date	Invoice #
9/7/2011	24640

Bill To
LEGENDS OIL & GAS, LTD 4500 601 UNION ST SEATTLE, WA 98101

Ship To
MASSOTH-ELLIS 1-02 WOODSON CO. KS

Customer Order No.	Terms
MD GOLDBERG	NET 30

Quantity	Description	Amount
1	2.16" PLUG WELL BRIDGE PLUG 10,000# RATED WIRELINE SET --- DRILLABLE	850.00
31	2" DML RTG 120 ° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE TEN (10) PERFORATIONS TWENTY ONE (21) ADDITIONAL PERFORATIONS @ \$20.00 EA	725.00 420.00
	BRIDGE PLUG SET AT: 850.0	
	PERFORATED AT: 794.0 TO 804.0	

Late Charge of 1- 1/2% per Month on Accounts over 30 Days	Total	\$1,995.00
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Service Order and Delivery Receipt

OUR NO.

MIDWEST SURVEYS
LOGGING • PERFORATING • M.I.T. SERVICES
P. O. Box 68
Osawatimle, KS 66064
913 / 755-2128

24640

Date 9/07/2011

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered Bridge Plug & Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Legends Oil & Gas LTD By
Customer's Authorized Representative

Charge to Legends Oil & Gas LTD Customer's Order No. M.D. Goldberg

Mailing Address

Well or Job Name and Number Messoth - Ells County Woodson State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1ea	2 1/2" Plug Well Bridge Plug 10,000" Retard Wireline Set - Drillable	\$ 850.00
31ea	2" DML PEG 120° Plug Three (3) Perforations Per Foot Minimum Charge - Ten (10) Perforations Twenty One (21) Additional Perforations @ 20.00	\$ 725.00 \$ 420.00
	Bridge Plug Set At 850.00	
	Perforated At 7940 To 8040	

Total 1995.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name Legends Oil & Gas LTD

Serviced by: S. Winderich

By Date 9/07/11
Customer's Authorized Representative

White — Customer

Canary — Accounting



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 • 1-800/467-8876
FAX 620/431-0012

INVOICE

Invoice # 244152

Invoice Date: 09/14/2011 Terms: 0/0/30,n/30

Page 1

LEGEND OIL & GAS, LTD
1420 5TH AVEUNE, SUITE 2200
SEATTLE WA 98101
(206) 274-5165

M ELLIS 1-02
45295
22-25S-17E
9-8-11
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	75.00	1.7000	127.50
1202	ACID INHIBITOR	.25	46.0000	11.50
1219B	STIMOIL FBA	.50	55.0000	27.50
1268	CITY WATER	5500.00	.0156	85.80
1231	FRAC GEL	100.00	5.5000	550.00
1215	KCL SUB MB6875 CC3107	6.00	36.5000	219.00
1208	BREAKER LEB4-ESA 14-GB10	.25	187.0000	46.75
4326	7/8" RUBBER BALL SEALERS	20.00	3.0000	60.00
2101A	20-40 BROWN SAND	150.00	.2500	37.50
2102	12/20 BROWN SAND	3850.00	.2700	1039.50
1205A	BIOCIDE (AMA-35-D-P) (DR	3.00	30.0000	90.00

Description	Hours	Unit Price	Total
T-91 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
VALVE FRAC VALVES (2" OR 3")	1.00	100.00	100.00
BALLI BALL INJECTOR	1.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2300.00	2300.00
476 MILEAGE CHARGE (ONE WAY)	30.00	4.00	120.00
478 PROPANT DELIVERY	1.00	315.00	315.00
490 MILEAGE CHARGE (ONE WAY)	30.00	4.00	120.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MILEAGE CHARGE (ONE WAY)	30.00	4.00	120.00

Parts: 2295.05 Freight: .00 Tax: 10.64 AR 6091.69
Labor: .00 Misc: .00 Total: 6091.69
Subt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
318/322-7022

EUREKA, KS
620/583-7864

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/872-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **45295**

LOCATION Thayer

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9-8-11	4759	M. ELLIS 1-02		22	25S	17E	WO	Squirrel
CHARGE TO <u>Legends Oil & Gas</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combo 1. Frac only	Special	2300-
5302	1	Acid spotter		375-
1275	75 gal.	15% HCL acid		127.50
1202	1/4 gal.	ESA 24 inhibitor		11.50
1219B	1/2 gal.	StimOil		27.50
1268	5,500 gal.	Thayer city		85.80
1231	100#	frac gel		550.-
1213	6 gal.	KCL SAB		219.-
1205A	34	Biocide		90.-
1208	1/4 gal.	Breaker		46.75
5604	1	Frac valve		100
5115	1	Ball injector		No charge
4326	20	1.3 SG 7/8" ballbeaters		60-
		BLENDING & HANDLING		
5109	30	TON-MILES	min.	315-
		STAND BY TIME		
5108	30	MILEAGE Mobilization x 3 P.S.I		360-
5501F	3 hrs.	WATER TRANSPORTS - 1		336-
		VACUUM TRUCKS		
2101A	150 #	FRAC SAND 20-40		37.50
2102	3,850 #	12-20		1039.50
			244152	
			SALES TAX	10.64
<p>5% direct remuneration of profit within 10 days of invoice date.</p>				ESTIMATED TOTAL 6091.69

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN

Brett Busby

CUSTOMER or AGENT (PLEASE PRINT)

DATE

9-8-11

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 services on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

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

**NOTE: NO REPRESENTATIVE ON SITE*

TICKET NUMBER 52984
FIELD TICKET REF # 95295
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-8-11		M. Ellis #1-02	22	25S	17E	WO

CUSTOMER
Legends Oil & Gas

MAILING ADDRESS

CITY STATE ZIP CODE

** Safety meeting attendees*

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Donnie		
478	Tim		
582	Nes		
619T91	George		

WELL DATA

CASING SIZE	TOTAL DEPTH <u>350'</u>
CASING WEIGHT	PLUG DEPTH <u>CIBP 3rd</u>
TUBING SIZE <u>2 1/8</u>	PACKER DEPTH <u>by Midwest survey</u>
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>794-R04 (31)</u>	<u>Squirrel</u>

TYPE OF TREATMENT
Acid spot + frac

CHEMICALS

<u>KCL SUB</u>	<u>Acid</u>
<u>Biocide</u>	<u>Inhibitor</u>
	<u>Stim Oil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>20</u>	<u>20</u>			<u>1250</u>	<u>BREAKDOWN 1800</u>
<u>20-40 sand</u>		<u>20</u>	<u>1.5-1.0</u>	<u>150#</u>	<u>1300</u>	<u>START PRESSURE</u>
<u>12-20 sand</u>		<u>20</u>	<u>1.0</u>		<u>1300</u>	<u>END PRESSURE</u>
<u>12-20</u>		<u>20</u>	<u>1.5</u>		<u>1300</u>	<u>BALL OFF PRESS</u>
<u>12-20</u>		<u>20</u>	<u>2.0</u>	<u>1,350#</u>	<u>1200</u>	<u>ROCK SALT PRESS</u>
<u>Ballsealers (10) + (5)</u>		<u>20</u>	<u>0-1.5</u>		<u>1400-1700</u>	<u>ISIP 425</u>
<u>12-20</u>		<u>20</u>	<u>1.0</u>		<u>1700</u>	<u>6 MIN</u>
<u>12-20</u>		<u>20</u>	<u>2.0</u>	<u>1,000#</u>	<u>1700</u>	<u>10 MIN</u>
<u>Ballsealers + (5)</u>		<u>20-18</u>	<u>0-1.0</u>		<u>2100</u>	<u>15 MIN</u>
<u>12-20</u>		<u>18</u>	<u>2.0</u>	<u>1,500#</u>	<u>1700</u>	<u>MIN RATE</u>
<u>FLUSH CASING</u>	<u>5</u>	<u>20</u>			<u>1700</u>	<u>MAX RATE</u>
<u>Release balls to T.D.</u>						<u>DISPLACEMENT 4.7</u>
<u>overflush</u>	<u>10</u>	<u>20</u>	<u>TOTAL</u>	<u>4,000#</u>	<u>1300</u>	
<u>TOTAL BBSLS</u>	<u>130</u>		<u>SAND</u>	<u>11.11</u>		

REMARKS: ** held safety/RBI meeting*

spotted 75 gal. -15% HCL acid on perfs

location 10:15 AM - 11:30 AM 30 miles

AUTHORIZATION _____ TITLE _____ DATE 9-8-11



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

NOTE: NO REPRESENTATIVE ON SITE

TICKET NUMBER 52984
FIELD TICKET REF # 45795
LOCATION Thayer
FOREMAN Matt Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-8-11		M. Ellis #1-02	22	255	17E	100
CUSTOMER						
Legends Oil & Gas						
MAILING ADDRESS						
CITY STATE ZIP CODE						
* Safety meeting attendees						
TRUCK #	DRIVER	TRUCK #	DRIVER			
476	Josh					
490	Dannic					
478	Tim					
582	Wes					
619791	George					

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
799-50' (31)	Spaced

at Midwest survey

TYPE OF TREATMENT

Acid-pot + Frac

CHEMICALS

KelsulB	Acid
Pivoxide	Inhibitor
	Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20			1250	BREAKDOWN 1800
20-40 sand		20	15-10	150#	1300	START PRESSURE
12-20 sand		20	1.0		1300	END PRESSURE
12-20		20	1.5		1300	BALL OFF PRESS
12-20		20	2.0	1,500#	1200	ROCK SALT PRESS
Ballseals (10) H(5)		20	8-15		1400-1700	ISIP 42.5
12-20		20	1.0		1700	5 MIN
12-20		20	2.0	1,000#	1700	10 MIN
Ballseals 5 + (5)		20-18	8-10		2100	15 MIN
12-20		18	2.0	1,500#	1700	MIN RATE
FLUSH CASING	5	20			1700	MAX RATE
Release ball in T.D.						DISPLACEMENT 4.7
over-flush	10	20	TOTAL	4,000#	1300	
TOTAL PERIS	130		SAND			

REMARKS: * held safety/RB meeting

spotted 7.2 gal - 1.5% HCl acid on pads

Location 10:15 AM - 11:30 AM 30 miles

AUTHORIZATION _____ TITLE _____ DATE 9-8-11

