



KANSAS CORPORATION COMMISSION 1069236
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 SLOW
- 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>6/30/2011</u>	<u>6/30/2011</u>	<u>8/01/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27875-00-00
Spot Description: _____
NE NE NW SW Sec. 22 Twp. 25 S. R. 17 East West
2475 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 #: 8
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1026 Kelly Bushing: 1036
Total Depth: 847 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: 847 w/ 93 sx cmt.

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 Gantzer Date: 12/05/2011



1069236

Operator Name: Legend Oil & Gas Ltd. Lease Name: Orth-Gillespie Well #: 8
 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 795
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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	847	OWC	93	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	792.5-802.5	15% HCl, 300# 20/40 sand and 3700# 12/20 sand	792.5-802.5

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>8/10/2011</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	Water Bbls. <u>2</u>
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 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

3rd well

TICKET NUMBER 52771
FIELD TICKET REF # 45221
LOCATION Thayer
FOREMAN Conrad

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-1-11	4759	Cherokee # 8	22	25	17	WO

CUSTOMER
Legend's Oil Co

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tracy		
478	Murray		
582	Wes		
488/7102	Brian		

WELL DATA

CASING SIZE <u>2 7/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
792.5-502.5 <u>(31)</u>	<u>Sequoyia</u>

TYPE OF TREATMENT
Acid Spot / Sand Fracture

CHEMICALS

<u>Cylinder</u>	<u>75 15% HCl Acid</u>
<u>KIC Substitute</u>	<u>Inhibitor</u>
<u>20% Gel/Breaker</u>	<u>Stimul</u>
<u>Bio-Lo</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Pad</u>	<u>15</u>	<u>160</u>				BREAKDOWN <u>1600</u>
<u>20/100</u>		}		<u>300</u>		START PRESSURE
<u>12/20</u>			<u>1700</u>		END PRESSURE	
<u>10/100 balls</u>			<u>500</u>		BALL OFF PRESS	
<u>12/100 10 balls</u>			<u>1500</u>		ROCK SALT PRESS	
<u>12/100</u>					ISIP <u>450</u>	
<u>Flush over</u>	<u>10</u>				5 MIN	
<u>Release balls</u>					10 MIN	
<u>Overturn</u>	<u>5</u>				15 MIN	
						MIN RATE
						MAX RATE
<u>Totals</u>	<u>132</u>			<u>4/1000</u>		DISPLACEMENT

REMARKS: Spot acid to 1000 psi breakdown and stage

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

OPERATOR:

LEASE/WELL#

	FOOTAGE:	FORMATION:
26	559.3	L 574-576 L 577-579
28	580.0	Shale lime
27	600.7	L 604-609 L 613-616 soft lime
28	621.4	soft lime L 632
29	642.1	L 642-643
28	662.8	L 672-677
27	683.5	L 683--
22	704.2	L 705 L 710-713
25	724.9	L L 737-741
6-30-11 34	745.6	L 745-753 slight calc
35	766.3	766-768 hill shale 771-773 cap 774-775 calc 775-777 good
36	787.0	777-779 ^{calc} shale 779-781 shale 781-785 shale
37	807.7	cap 790-795 795-797 good shale 797-799 good
38	828.4	799-801 gett shale 801-803 shale 803-805 shale
39	849.1	
40	869.8	
41	890.5	
42	911.2	
43	931.9	
44	952.6	
45	973.3	
46	994.0	#8 SIN 770
47	1014.7	
48	1035.4	
49	1056.1	
50	1076.8	RTD part
51	1097.5	
52	1118.2	pipe TD 835
53	1138.9	
54	1159.6	
55	1180.3	
56	1201.0	
57	1221.7	
58	1242.4	
59	1263.1	
60	1283.8	
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	8	6/30/2011	063011,OGil

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Dug drill pit		600.00	600.00
*TANK TRUCK Filled pit with water		225.00	225.00
*SET SURFACE AND CEMENT 20 bags of Monarch cement		500.00	500.00
*DRILLING RIG Rig TD - 847' Pipe TD - S/N -	847.0	7.00	5,929.00
Total:			\$7,254.00

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
6/30/2011	45607

Cement Treatment Report

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

(x) Landed Plug on Bottom at 800 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Shut In

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 3/8"
 TOTAL DEPTH: 847

Well Name	Terms	Due Date		
	Net 15 days	6/30/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	835	3.00	2,505.00	
Sales Tax		7.30%	0.00	

Orth-Gilfespic #8
Woodson County
Section: 22
Township: 25
Range: 17

Hooked onto 2 7/8" casing. Established circulation with 5.5 barrels of water, 2 GEL., METSO, COITONSEED ahead, blended 93 sacks of OWC, dropped rubber plug, and pumped 4.9 barrels of water

Total	\$2,505.00
Payments/Credits	\$0.00
Balance Due	\$2,505.00



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: # 8

County, State: Woodson County, Kansas

Service Order #: 24164

Purchase Order #: N/A

Date: 7/8/2011

Perforated @: 792.5 to 802.5

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"