



KANSAS CORPORATION COMMISSION 1069227
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 #: _____
7/09/2011 7/09/2011 7/18/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27872-00-00
Spot Description: _____
NE SW NW SW Sec. 22 Twp. 25 S. R. 17 East West
1815 Feet from North / South Line of Section
495 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 #: 7
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1000 Kelly Bushing: 1010
Total Depth: 846 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: 846 w/ 84 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 Gertzel Date: 12/05/2011



1069227

Operator Name: Legend Oil & Gas Ltd. Lease Name: Orth-Gillespie Well #: 7
 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 759
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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
.625	11.25	7	25	20	Monarch	20	None
Long String	5.625	2.785	10.5	845	OWC	84	2% Gel

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
3	772-780	15% HCl, 300# 20/40 sand and 3700# 12/20 sand	772-780

TUBING RECORD:	Size: <u>1</u>	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>8/12/2011</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 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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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 52769
FIELD TICKET REF # 45221
LOCATION Thayer
FOREMAN G. J. Wilk

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-11	4759	Chalk Hill #17	21	25	17	WCO

CUSTOMER
Legends Oil Gas

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	T. J. S.		
478	Almas		
552	Lawson		
481/1103	Strom		

WELL DATA

CASING SIZE <u>2 7/8</u>	TOTAL DEPTH <u>972</u>
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>722-30</u> <u>(25)</u>	<u>29' gravel</u>

TYPE OF TREATMENT
Acid/Sand/Solvent

CHEMICALS

<u>Calcium Chloride</u>	<u>25% HCl Acid</u>
<u>KCl Soln.</u>	<u>Surfactant</u>
<u>20% Cellulose</u>	<u>Slurries</u>
<u>Bio-oxide</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<u>Pad</u>	<u>15</u>	<u>16</u>			
<u>20/10</u>				<u>300</u>	BREAKDOWN 1300
<u>12/10</u>				<u>1700</u>	START PRESSURE
<u>10 balls</u>					END PRESSURE
<u>12/20 5 balls</u>				<u>300</u>	BALL OFF PRESS
<u>12/20</u>				<u>1700</u>	ROCK SALT PRESS
<u>Flushover</u>	<u>10</u>				ISIP 325
<u>Release balls</u>					5 MIN
<u>Overhaul</u>	<u>3</u>				10 MIN
<u>Release</u>					15 MIN
<u>Overhaul</u>	<u>2</u>				MIN RATE
					MAX RATE
					DISPLACEMENT
<u>Totals</u>	<u>130</u>			<u>4000</u>	

REMARKS: pad and 10 balls breakdown and stage

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

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	7	7/7/2011	070711,OGII

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Dug drill pit and pushed trees		500.00	500.00
*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 - 846' Pipe TD - 829' S/N - 770'	846.0	7.00	5,922.00
Total:			\$7,147.00

Kepley Well Service, LLC
 19245 Ford Road
 Chanute, KS 66720

Date	Invoice #
7/9/2011	45606

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) Set Float Shoe

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 5/8"
 TOTAL DEPTH: 846

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"	829	3.00	2,487.00	
Sales Tax		7.30%	0.00	

Orth-Gillespie #7
 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, COTTONSEED ahead, blended 84 sacks of OWC, dropped rubber plug, and pumped 5 barrels of water

Total	\$2,487.00
Payments/Credits	\$0.00
Balance Due	\$2,487.00



INVOICE
MIDWEST SURVEYS
LOGGING • PERFORATING • CONSULTING SERVICES
P. O. Box 68
Osawatomie, KS 66064
913/755-2128

OUR NO.
24235

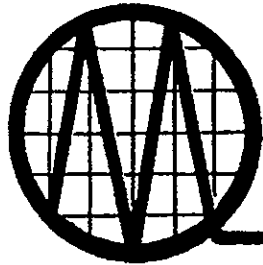
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Legends Oil & Gas, LTD
4500 601 Union St
Seattle, WA 98101

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Orth Gillispie #7
Woodson County, Ks

PLEASE USE THIS INVOICE FOR PAYMENT
NO MONTHLY STATEMENTS RENDERED

CUSTOMER ORDER NO.	SALESMAN	DATE SHIPPED	SHIPPED VIA	INVOICE DATE	TERMS
J. Scheibeir		7/18/11			
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1 ea	Gamma Ray / Neutron / CCL				\$ 450.00
25 ea	2" DML RTG 120° Phase Three (3) Perforations Per Foot Minimum Charge -- Ten (10) Perforations Fifteen (15) Additional Perforations @\$20.00 ea				\$ 725.00
	Perforated at: 772.0 to 780.0				\$ 300.00
NET DUE UPON RECEIPT <small>Late Charge of 1-1/2% per Month on Accounts over 30 Days.</small>				TOTAL	\$ 1475.00

White-Customer Canary-Accounting



Service Order and Delivery Receipt

OUR NO.

MIDWEST SURVEYS

24235

LOGGING • PERFORATING • M.I.T. SERVICES

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

Date 7/10/11

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 GR/NEU/CCL & 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. J. Scheibmeir

Mailing Address _____

Well or Job Name and Number Orth Gillipie No-7 County Woodson State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 ea	Gamma Ray / Newton CCL	\$ 450.00
25 ea	2" DML RTC 120° Phase	
	Three (3) Perforations Per Foot	
	Minimum Charge - Ten (10) Perforations	\$ 725.00
	Fifteen (15) Additional Perforations @ 20.00 ea	\$ 300.00