



KANSAS CORPORATION COMMISSION 1077948
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: John Riad
Phone: (403) 263-2472
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 #:
12/22/2011 12/22/2011 1/1/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-207-28017-00-00
Spot Description:
SE SE NW SW Sec. 22 Twp. 25 S. R. 17 East West
1485 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 #: 10
Field Name:
Producing Formation: Squirrel Sand
Elevation: Ground: 1030 Kelly Bushing: 1040
Total Depth: 868 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 22 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: 868 w/ 86 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 Garfisa Date: 04/25/2012



1077948

Operator Name: Legend Oil & Gas Ltd. Lease Name: Orth-Gillespie Well #: 10
 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 <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>Squirrel Sand</td> <td>773</td> <td></td> </tr> </table>	Name	Top	Datum	Squirrel Sand	773	
Name	Top	Datum					
Squirrel Sand	773						

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 Casing	11.625	7	25	22	Portland	11	None
Production Casing	5.625	2.785	10.5	860	OWC	86	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	803-813	15% HCL, 100# 20/40 sand & 3900# of 12/20 sand	803-813

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>1/30/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>1</u>	Gas Mcf <u>1</u>	Water Bbls. <u>1</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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>803</u> <u>813</u>
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OPERATOR:

LEASE/WELL# Orth - Gillespie #10

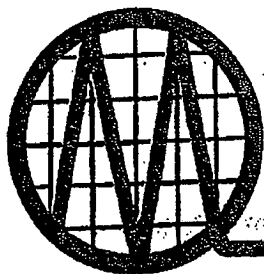
FOOTAGE:

FORMATION:

FOOTAGE:	FORMATION:	
281	559.3	L559-566
28	580.0	L583-587 L588-596
27	600.7	L609-617
28	621.4	S
28	642.1	L642-647
30	662.8	L667-670 L680-
31	683.5	- 685 L690
12-21-4 32	704.2	L707-711 L714-715 L717-720
38	724.9	S L744-
34	745.6	-749 L752-760 750 odor in lime
35	766.3	L769-772
38	787.0	cap 800-803
37	807.7	775 777 shale - odor
38	828.4	777 779 some sand odor - show
38	849.1	779-780 some sand - odor, show
40	869.8	781-783 sand & shale good odor some show
41	890.5	783-785 shale some sand
42	911.2	785-787 shale some sand
43	931.9	787-790 sandy shale
44	952.6	
45	973.3	803-805 good sand good odor show on p
46	994.0	805-807 good sand good show
47	1014.7	807-809 good
48	1035.4	809-811 good odor mostly shale
49	1056.1	811-813 shale
50	1076.8	
51	1097.5	
52	1118.2	
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	

THIS WELL
#10

RTP 868
S/N
797



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: # 10

County, State: Woodson County, Kansas

Service Order #: 25440

Purchase Order #: N/A

Date: 1/11/2012

Perforated @: 803.0 to 813.0

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"



MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES
 P. O. Box 68 • Osawatomie, KS 66064
 Phone 913-755-2128

Invoice

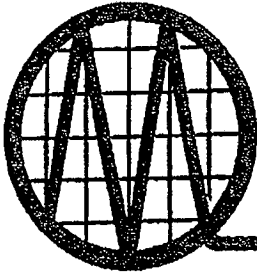
Date	Invoice #
1/11/2012	25440

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

Ship To
ORTH-GILLESPIE #10 WOODSON CO, KS

Customer Order No.	Terms
JERRY SCHEIBMEIR	JERRY SCH...

Qty	Description	Amount
1	GAMMA RAY / NEUTRON / CCL <i>9310-424</i>	475.00
31	2" DML RTG 120° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS TWENTY ONE (21) ADDIITONAL PERFORATIONS @ \$20.00 EA	725.00 420.00
	PERFORATED AT: 803.0 TO 813.0 <i>mf</i> <i>1-27-12</i> <i>AFE LOG L-10-2011</i>	
Net Due Upon Receipt		Total
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		\$1,620.00



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

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

25440

Date 11/11/2012

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/NRU/COI & Perforate

SIGN BEFORE COMMENCEMENT OF WORK

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

Charge to Legends Oil & Gas LTD Customer's Order No. 1007 Schelbmeir

Mailing Address

Well or Job Name and Number Orth - Gillespie County Woodson No - 10 State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 ea	Gamma Ray Invention Tool	\$425.00
31 ea	2" DML RTG 120" Phase	
	Three (3) Perforations Per Foot	
	Minimum charge - Ten (10) Perforations	\$725.00
	Twenty One (21) Additional Perforations @ 20.00 ea	\$420.00
	Perforated At 8030 To 8130	

Total \$1620.00

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

By [Signature] Date 11/11/12
Customer's Authorized Representative

Served by S Winderich

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
12/30/2011	46464

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 700
 (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: 868

Well Name	Terms	Due Date		
	Net 15 days	12/30/2011	12-22-11	
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8" Sales Tax	860	3.00 7.30%	2,580.00 0.00	

Orth-Gillespie #10
 Woodson County
 Section: 22
 Township: 25
 Range: 17

LOG
 AFE-10-2011
 mp
 12-19-12
 9320-414
 0-6 #10

Hooked onto 2 7/8" casing. Established circulation with 5.5 barrels of water, 2 GEL.
 METSO. COTTONSHEED ahead, blended 86 sacks of 2% cement, dropped 2 rubber plugs,
 and pumped 5 barrels of water

Total	\$2,580.00
Payments/Credits	\$0.00
Balance Due	\$2,580.00

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	10	12/22/2011	122211,OGil

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Dug drill pit and cleared trees		600.00	600.00
*TANK TRUCK Filled pit with water		200.00	200.00
*SET SURFACE AND CEMENT 11 bags of Portland cement		500.00	500.00
*DRILLING RIG Rig TD - 868' Pipe TD - 860' S/N - 797'	868.0	7.00	6,076.00
Orth Gillespie #10 and Massoth Ellis #6			
*TANK TRUCK Supplied water for cement company		200.00	200.00
*DOZER Pulled cement company in and back out.		240.00	240.00
Total:			\$7,816.00



CONSOLIDATED
Oil Well Services, LLC

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

3rd well

TICKET NUMBER 56410
FIELD TICKET REF # 47257
LOCATION Thayer
FOREMAN Brett Bush

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-12		Beth Gillespie # 10	22	255	17E	WO
CUSTOMER			TRUCK #			
Legends Oil & Gas			476	Josh		
MAILING ADDRESS			490	Domie		
CITY			478	Mark		
STATE			618795	Marvin		
ZIP CODE			521	London		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2 REG</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>203-13 (31)</u>	<u>Squirrel</u>

TYPE OF TREATMENT

Acid spot - frac

CHEMICALS

KALSUB - Biocide - Breaker
Acid - Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAID</u>	<u>20</u>	<u>20</u>			<u>1200</u>	BREAKDOWN <u>1800</u>
<u>20-40</u>		<u>20</u>	<u>15-110</u>	<u>1000#</u>		START PRESSURE
<u>12-20</u>			<u>110</u>			END PRESSURE
<u>12-20</u>			<u>2.0</u>	<u>1400#</u>	<u>1100</u>	BALL OFF PRESS
<u>Bullsealers (10) + (5)</u>	<u>20-12</u>	<u>8-15</u>			<u>1500</u>	ROCK SALT PRESS
<u>12-20</u>	<u>12</u>	<u>110</u>				ISIP <u>400</u>
<u>12-20</u>		<u>12</u>	<u>2.0</u>	<u>1,000#</u>		5 MIN
<u>Bullsealers (5)</u>	<u>16</u>	<u>8-15</u>			<u>1100-1900</u>	10 MIN
<u>12-20</u>	<u>16-27</u>	<u>110</u>				15 MIN
<u>12-20</u>		<u>20</u>	<u>2.0</u>	<u>1,500#</u>		MIN RATE
<u>FLUSH CASING</u>	<u>5</u>	<u>20</u>			<u>1700</u>	MAX RATE
<u>Release balls to T.D.</u>			<u>TOTAL</u>	<u>4,000#</u>		DISPLACEMENT <u>4.7</u>
<u>OVER FLUSH</u>	<u>10</u>	<u>20</u>	<u>SAND</u>		<u>1500</u>	
<u>TOTAL BCLS</u>	<u>17.5</u>					

REMARKS:
Spotted 75 gal. 15% HCL acid on perfs

Location 12:15 PM - 1:30 PM 30: miles

AUTHORIZATION _____ TITLE _____ DATE 1-13-12



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 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 247169

Invoice Date: 01/19/2012 Terms: 0/0/30,n/30

Page 1

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

ORTH GILLESPIE 9,10
47257
22-25S-17E
1-13-12
KS

AFE LOGL-9-2011
AFE LOGL-10-2011
9320-415
Orth Gillespie

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	150.00	2.1000	315.00
1202	ACID INHIBITOR	.50	46.0000	23.00
1219B	STIMOIL FBA	1.00	55.0000	55.00
1268	CITY WATER	5500.00	.0156	85.80
1268	CITY WATER	5500.00	.0156	85.80
1231	FRAC GEL	200.00	6.0000	1200.00
1215	KCL SUB MB6875 CC3107	12.00	36.5000	438.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	.50	187.0000	93.50
4326	7/8" RUBBER BALL SEALERS	40.00	3.0000	120.00
2101A	20-40 BROWN SAND	200.00	.2600	52.00
2102	12/20 BROWN SAND	7800.00	.2700	2106.00

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	2.00	100.00	200.00
BALLI BALL INJECTOR	2.00	.00	.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2070.00	2070.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	2070.00	2070.00
476 MILEAGE CHARGE (ONE WAY)	30.00	.00	.00
T-95 WATER TRANSPORT (FRAC)	2.50	112.00	280.00
478 PROPANT DELIVERY	1.00	.00	.00
490 MILEAGE CHARGE (ONE WAY)	30.00	.00	.00
T-102 WATER TRANSPORT (FRAC)	2.50	112.00	280.00
521 MINIMUM ACID SPOTTING CHARGE	2.00	375.00	750.00
521 MILEAGE CHARGE (ONE WAY)	30.00	.00	.00

Parts: 4754.10 Freight: .00 Tax: 21.28 AR 10425.31
 Labor: .00 Misc: .00 Total: 10425.38
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK

EL DORADO, KS

EUREKA, KS

PONCA CITY, OK

OAKLEY, KS

OTTAWA, KS

THAYER, KS

GILLETTE, WY



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **47257**

LOCATION Thayer

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

FIELD TICKET

DATE 1-13-12	CUSTOMER ACCT # 4729	WELL NAME Orlth Gillespie	QTR/QTR #9 & #10	SECTION 22	TWP 25S	RGE 17E	COUNTY WO	FORMATION Squirrel
CHARGE TO Legends Oil & Gas			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	2070	2070
5102B	1	2nd well 3rd well (of 3)	Spec:	2070
5302	2	Acidspotter		750
1275	150	15% HCL acid		315
1202	1/2 gal	ESA 24 inhibitor		23
1219B	1	Stim Oil		55.00
1268	5,500 gal	Thayer		85.80
1268	5,500 gal	Yates Center		85.80
1231	200#	Frac gel		1200
1215	12 gal	REL SUB		438
1205A	6#	Biocide		180
1208	1/2 gal	Breaker		93.50
5604	2	Frac valve		200
5115	2	Ball injector		NO charge
4326	40	1.35G 7/8" ballseders		1200
		BLENDING & HANDLING		
5109	30	TON-MILES		
		STAND BY TIME		
5108	30	MILEAGE Mobilization X 3 P.S.I		560.00
5501F	4 hcs	WATER TRANSPORTS - 2 @ 2.5 am.		
		VACUUM TRUCKS		52
2107A	200#	FRAC SAND 20-40		2106.00
2102	7800#	12-20		
			SALES TAX	21.29
		247169	ESTIMATED TOTAL	10475.

Rev'n 2790

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN

Brett Busby

DATE **1-13-12**

CUSTOMER or AGENT (PLEASE PRINT)

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account, and conditions of services on the back of this form are in effect for services identified on this form.

SERVICE COMPANY: Unknown C.O.W.S.
TICKET NO: 56410
CUSTOMER NAME: Legends Oil & Gas
WELL NUMBER: Orth-Gillespie #10
WELL LOCATION: Sec 22-25s-17e Wo. Co.

DATE RECORDED: 01/13/2012
JOB NO: Unknown
UNIT DESCRIPTION: Unknown
UNIT NOTES: Squirrel sand frac
FILE NAME: Legends Oil & Gas_12_01_13_#2.csv



Pen# 1: Pump Pressure (Pressure : psi)

Pen# 2: Pump Rate (Flowrate : bpm)

