



KANSAS CORPORATION COMMISSION 1078007
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:

API No. 15 - 15-207-28008-00-00

Spot Description:
SW SE NW SW Sec. 22 Twp. 25 S. R. 17 East West
1485 Feet from North / South Line of Section
825 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 #: 9

Field Name:

Producing Formation: Squirrel Sand

Elevation: Ground: 1028 Kelly Bushing: 1038

Total Depth: 870 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: 870 w/ 91 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 #:

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 #:

1/5/2012 1/5/2012 1/11/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

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 Gantsoe Date: 04/25/2012



1078007

Operator Name: Legend Oil & Gas Ltd. Lease Name: Orth-Gillespie Well #: 9
 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>772</td> <td></td> </tr> </table>	Name	Top	Datum	Squirrel Sand	772	
Name	Top	Datum					
Squirrel Sand	772						

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	10	None
Production Casing	5.625	2.875	10.5	863	OWC	91	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	802-812	15% HCl, 100# 20/40 sand & #3900 12/20 sand	802-812

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 (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>1</u>	Gas Mcf	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 (Specify) _____	PRODUCTION INTERVAL: <u>802</u> <u>812</u>
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**OWENS PETROLEUM SERVICES, LLC
DRILLER'S LOG**

Operator: Legend Marshall
 Lease / Well #: C-7h - Elmore H9
 API #: 15-207-28008-0200

22-25-17

	Date		Date		Date		Date
Spud/Surface	1-3-12	Drilled to TD	1-5-12	Logged		1" / pump	
Set Surface	1-3-12	Run/Casing	1-5-12	Perforated		Lead Line/Elec	
Spud/Casing	1-4-12	Cemented LS	1-6-12	Frac		Closed Pit	

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	11 3/4"	7"	new	22'	portland	10	
Casing:	5 3/4"	2 3/8"	used				
Frac:							

Driller's TD:	870 ft	Seat Nipple:	798 ft	Pipe TD:	863 ft	Fluid Volume:	bbbls
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Surface Bit and Subs: 3.70'
 Kelly: Top of Groove to Square: 22.60'
 Footage Above Ground Level: _____ Total

FOOTAGE: FORMATION:

Bit and Sub	FOOTAGE	FORMATION
	1.9	Topsoil 0-1' 1 1/2' line 5-11' 5/16" 11-32 shale
1st Collar	19.9	
2nd Collar	20.0	41.8
Joints 20.7'	62.5	S
	83.2	S
	103.9	S
	124.6	L128 -
	145.3	- 156 L160
	166.0	L
	186.7	L
	207.4	L
	228.1	L
	248.8	L
	269.5	L
	290.2	L
	310.9	L
	331.6	L
	352.3	L
	373.0	L
	393.7	L
	414.4	L - 430 S
	435.1	S
	455.8	S
	476.5	S
	497.2	S
	517.9	S
	538.6	L 548-550'

OPERATOR: Legend

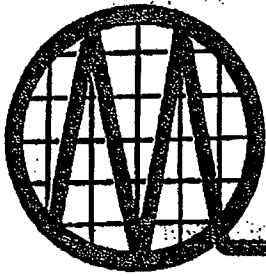
LEASE/WELL# Orth Gillespie #9

FOOTAGE:

FORMATION:

DEPTH	FOOTAGE	FORMATION	NOTES
25	559.3	S	
25	580.0	L 580 - 590	
27	600.7	L 600 - 601 L 604 - 609	
28	621.4	L 622 - 623 Soft lime	
29	642.1	L 654 - 660	
30	662.8	L 680 -	
31	683.5	- 685 L 689 -	
32	704.2	- 704 L 706 - 710	L 712 - 713 L 715 - 718
38	724.9	L 729 - 730 L 744 -	
1-5-12-34	745.6	- 749 L 750 slight ^{good} - 760	
38	766.3	L 769 - 770 L 770 - 772 cap	772-776 slight ^{edge} sandy shale
38	787.0	L 800 - 803 cap	776-778 ^{edge} shaley sand
38	807.7		778-780 better sand ->
38	828.4		780-782 better sand - good show
38	849.1		782-785 sand more shale
40	869.8		785-787 mostly shale
41	890.5		
42	911.2		
43	931.9		803-806 good sand good show
44	952.6		806-808 good sand & show
45	973.3		808-810 some shale - show
46	994.0		810-812 getting shaley - slight show
47	1014.7		812-814 shale
48	1035.4		
49	1056.1		
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		

S/W 798
RTD 870



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: # 9

County, State: Woodson County, Kansas

Service Order #: 25441

Purchase Order #: N/A

Date: 1/11/2012

Perforated @: 802.0 to 812.0

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 88 • Osawatomie, KS 66064
 Phone 913-755-2128

Invoice

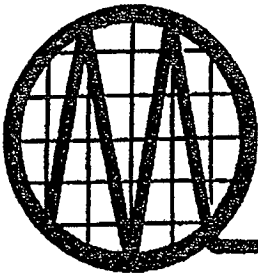
Date	Invoice #
1/11/2012	25441

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

Ship To
ORTH-GILLESPIE #9 WOODSON CO, KS

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

Qty	Description	Amount
1	GAMMA RAY / NEUTRON / CCL <i>9310-424</i> 2" DML RTG 120° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS TWENTY ONE (21) ADDITIONAL PERFORATIONS @ \$20.00 EA	475.00 725.00 420.00
	PERFORATED AT: 802.0 TO 812.0	
<p><i>conf</i> 1-27-12 AFE LOGL-9-2011</p>		
Net Due Upon Receipt	Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days	Total \$1,620.00



MIDWEST SURVEYS
LOGGING • PERFORATING • M.I.T. SERVICES
P. O. Box 68
Osawatomie, KS 66064
913/756-2128

25441

Date 1/11/2012

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 GRINEX 1000 & 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. MRShell Diamond

Mailing Address.....

Well or Job Name and Number Orth-Gillespie No-9 County Woodson State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
1 ea	Gumma Rex Inertan 1000	\$ 475.00
31 ea	2" DMU PFG 120° Phase Three (3) Perforations Per Foot	
	Minimum charge - Ten (10) Perforations	\$ 725.00
	Twenty one (21) Additional Perforations @ 20 ea	\$ 420.00
	Perforated At 802.0 To 812.0	

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 Date 1/11/12
By
Customer's Authorized Representative

Served by: S. Winderich

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
1/13/2012	46515

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: 870

Well Name	Terms	Due Date		
	Net 15 days	1/13/2012		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	863	3.00	2,589.00	
Sales Tax		7.30%	0.00	

Gillespie #9
Woodson County
Section: 22
Township: 25
Range: 17

APE LOGL-09-2011
 cmp 12-19-12
 9320-414
 0-6 #9

Hooked onto 2 7/8" casing. Established circulation with 5 5 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 91 sacks of 2% cement, dropped 2 rubber plugs, and pumped 5 barrels of water

Total	\$2,589.00
Payments/Credits	\$0.00
Balance Due	\$2,589.00



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	9	1/5/2012	010512,OGil

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Cleared trees and dug drill pit	93 10-338	500.00	500.00
*TANK TRUCK Filled pit with water	93 10-329	200.00	200.00
*SET SURFACE AND CEMENT 10 bags of Portland cement	93/10-323	500.00	500.00
*DRILLING RIG Rig TD - 870' Pipe TD - 863' S/N - 798'	93/10-312 ^{870.0}	7.00	6,090.00
<i>mp</i> 2-22-12 AFE LOG L 9-2011			
Total:			\$7,290.00



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 56409
FIELD TICKET REF # 97257
LOCATION Thayer
FOREMAN Robert Bushy

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-12		Orth-Gillespie 49	22	255	17E	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Keywinds Oil & Gas			476	Josh		
MAILING ADDRESS			490	Donnie		
CITY			472726	Timothy		
STATE			521	Leon		
ZIP CODE			488707	Timothy		
			612795	Maxvin		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 1/2 TUC	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
202-12 (21)	Squirted

TYPE OF TREATMENT

Acid spot + Ferr.

CHEMICALS

Resulf-Biocide-Breaker
Acid-Inhibitor-Stimul

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAV	20	20			900	BREAKDOWN
20-40		20	15-10	100#		START PRESSURE
12-20		20	10			END PRESSURE
12-20		20	2.0	1400"	850	BALL OFF PRESS
Ballsealer 3 (12) + (4)	20-19	2-15			1700	ROCK SALT PRESS
12-20	20	10				ISIP 375
12-20	20	2.0		1,000"	1300	5 MIN
Ballsealer 3 (9)			2-15		1500	10 MIN
12-20			10			15 MIN
12-20			2.0	1,500"		MIN RATE
FLUSH CASING	5	20			1000	MAX RATE
Release balls to T.D.			TOTAL			DISPLACEMENT 4.7
OVERFLUSH	10	20	SAND	4,000	7000 12.25	
TOTAL BBL'S	130					

REMARKS:

Spotted 75 gal 15% HCl acid on perfs

Location 11:15AM - 12:00PM

30 miles

DATE 1-13-12

AUTHORIZATION _____ TITLE _____

Terms and Conditions are printed on reverse side.



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 # 47257	WELL NAME Orlbr Gillespie	QTR/QTR	SECTION 22	TWP 25S	RGE 17E	COUNTY WO	FORMATION Squirel
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	2070	2070
5102B	1		2070	2070
5302	2	Acidspatter	750	1500
1275	150	15% HCL acid	315	4725
1202	1/2 gal	ESA 24 inhibitor	23	11.50
1219B	1	Stim Oil	55.00	55.00
1268	5,500 gal	Thayer	85.80	472,500
1268	5,500 gal	Yates Center	85.80	472,500
1231	2000	Frac gel	1200	2,400,000
1215	12 gal	REL SUB	438	5,256
1205A	64	Biocide	180	11,520
1208	1/2 gal	Breaker	93.50	46.75
5604	2	Free valve	200	400
5115	2	Ball injector	NO charge	1700
4326	40	1.35G 7/8" ballsenders	1700	68,000
		BLENDING & HANDLING		
5109	30	TON-MILES		
		STAND BY TIME		
5108	30	MILEAGE Mobilization X 3 P.S.I		560
5501E	9 hcs	WATER TRANSPORTS - 2 @ 2.5 am.		52
		VACUUM TRUCKS		52
2107A	2000	FRAC SAND 20-40		2106.00
2102	7800	FRAC SAND 12-20		2106.00
			SALES TAX	21.79
		247169	ESTIMATED TOTAL	10475.

Rev'n 2780

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.