



KANSAS CORPORATION COMMISSION 1110592
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: 1218 3rd Ave, STE 505
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 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 #: _____

<u>8/28/2012</u>	<u>08/30/2012</u>	<u>9/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28177-00-00
Spot Description: _____
SW NW SE SW Sec. 22 Twp. 25 S. R. 17 East West
825 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Cress Well #: 4
Field Name: _____
Producing Formation: Squirrel Sand
Elevation: Ground: 1015 Kelly Bushing: 1025
Total Depth: 847 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: 847 w/ 136 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 Garrison Date: 01/28/2013



1110592

Operator Name: Legend Oil & Gas Ltd. Lease Name: Cress Well #: 4
 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>754</td> <td></td> </tr> </table>	Name	Top	Datum	Squirrel Sand	754	
Name	Top	Datum					
Squirrel Sand	754						

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	20	None
Production Casing	5.625	2.785	10.5	838	OWC	136	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	783-793	15% HCL, 300# 16/30 sand & 3700# of 12/20 sand	783-793

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>9/18/2012</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>0.5</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>783</u> <u>793</u>
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**OWENS PETROLEUM SERVICES, LLC
DRILLER'S LOG**

Operator: Legend

Lease / Well #: Cross #4

12-25-17 W280

API #: 15 207-28117-000

	Date		Date		Date		Date
Spud/Surface	8-28-12	Drilled to TD	8-30-12	Logged		1"/rods, pump	
Set Surface	8-28-12	Run Casing	8-30-12	Perforated		Lead Line/Elec	
Spud/Casing	8-29-12	Cemented LS		Frac/Acidized		Closed Pit	

Purpose	Size Drilled	Size Pipe	Weight #/ft	Setting Depth	Cement	# Sacks	Additives
Surface:	11 3/8	7"	new	22	42 lb/cu yd	20	
Casing:	5 1/2	2 1/2	used	838			
Frac:							

Driller's TD:	847 ft	Soat Nipple:	776 ft	Pipe TD:	838 ft	Fluid Volume:	bbbs
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Surface Bit and Subs: 3.70'

Kelly, Top of Groove to Square: 22.60'

Footage Above Ground Level: 1 Total

FOOTAGE:

FORMATION:

Bit and Sub	FOOTAGE	FORMATION	
Bit and Sub	1.9		
1st Collar	19.9		
2nd Collar	20.0	41.8	
Joints 20.7'	62.5	S	
2	83.2		
7	103.9	L W3	oil edge and show ground US
4	124.6	L	
5	145.3	L	
6	166.0	L	
7	186.7	L	
8	207.4	L	
9	228.1	L	
10	248.8	S	
11	269.5	L	
12	290.2	L	
13	310.9	L	
14	331.6	L	PR shale L
15	352.3	L	
16	373.0	L	
17	393.7	L-411	
18	414.4	S	
19	435.1	S	
20	455.8	S	
21	476.5	S	
22	497.2	S	
23	517.9	S	
24	538.6	S	

OPERATOR:

Legend

LEASE/WELL#

Cross 114

FOOTAGE:

FORMATION:

FOOTAGE:	FORMATION:	
25	559.3	S
26	580.0	L 587-597
27	600.7	L 602-611 L 612-614
28	621.4	L 631-633
29	642.1	L 660
30	662.8	- 605 L 670-
31	683.5	- 674 L 679-700
32	704.2	S
33	724.9	L-724 - 742 742
34	745.8	^{80'} L 744-751 ^{cup}
35	766.3	L 780-782
36	787.0	samples
37	807.7	S
38	828.4	
39	849.1	
40	869.8	
41	890.5	
42	911.2	
43	931.9	
44	952.6	
45	973.3	
46	994.0	
47	1014.7	
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	

copy of 612-205 oil show
~~good~~ good show on pit

737 742 slight odor

751-753 shale

755-755 sandy shale no odor

755 757 sand & sand shale odor

757-759 good sand ~~slight~~ slight show

759-761 sand slight odor

761-764 sand better show

764-766 sand shale little show

766-768 mostly shale little show

768-770 shale

782-784 sand some shale ~~show~~ show

784-786 mostly sand show

786-788 mostly sand good show

788-790 mostly shale odor ~~show~~

790-792 shale

SIN 776

RTD 847

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#
Cress	4	8/29/2012	082912,Cr4

DETAIL	HRS/GALS/QTY	RATE	AMOUNT
*DOZER Dug drill pit		300.00	300.00
*TANK TRUCK Filled pit with water		150.00	150.00
*SET SURFACE AND CEMENT 20 bags of Portland cement		500.00	500.00
*DRILLING RIG Rig TD - 847' Pipe TD - S/N -	847.0	7.00	5,929.00
Total:			\$6,879.00

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
9/6/2012	47090

Cement Treatment Report

Legend Oil & Gas Ltd.
Suite 230, 840 6th Avenue SW
Calgary Alberta CANADA T2P 3E5

(x) Landed Plug on Bottom at 900 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 7/8"
 TOTAL DEPTH: 847

Well Name	Terms	Due Date		
	Net 15 days	9/6/2012		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Cement 2 7/8" Sales Tax	838	3.00 7.30%	2,514.00 0.00	

9-4-12
Cress #4
Woodson County
Section: 22
Township: 25
Range: 17

Hooked onto 2 7/8" casing. Established circulation with 5 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 136 sacks of 2% cement, dropped rubber plug, and pumped 5 barrels of water

Total	\$2,514.00
Payments/Credits	\$0.00
Balance Due	\$2,514.00



MIDWEST SURVEYS

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

Invoice

Date	Invoice #
9/10/2012	27338

Bill To
LEGENDS OIL & GAS, LTD 1420 5TH AVE, STE. 2200 SEATTLE, WA 98101

Ship To
CRESS # 4 WOODSON CO, KS

Customer Order No.	Terms
JERRY SCHEIMIER	JERRY SCH...

Qty	Description	Amount
31	2" DML RTG 120° PHASE THREE (3) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS TWENTY ONE (21) ADDITIONAL PERFORATIONS @ \$21.00 EA PERFORATED AT: 783.0 TO 793.0	760.00 441.00
Net Due Upon Receipt		Total
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		\$1,201.00

Service Order and Delivery Receipt

OUR NO.



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

27338

Date 9/10/12

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 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. Jerry Schreiner

Mailing Address

Well or Job Name and Number Cross NW-4 County Woodson State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
<u>312</u>	<u>2" DML RTG 120° Phase</u>	
	<u>Three (3) Perforations Per Foot</u>	
	<u>Minimum charge - ten (10) Perforations</u>	<u>\$ 760.00</u>
	<u>Twenty one (21) Additional Perforations @ 22.00</u>	<u>\$ 462.00</u>
	<u>Perforated At 7830 to 7930</u>	

Total \$ 1201.00

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

Serviced by: S Winderich

Customer's Name Legends Oil & Gas Ltd
 By
Customer's Authorized Representative Date 9/10/12

White - Customer

Canary - Accounting



CONSOLIDATED
Oil Well Services, LLC

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

3rd well

TICKET NUMBER 53994
FIELD TICKET REF # 47807
LOCATION Thayer
FOREMAN Consolidated

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	4759	Cross #4	22	25	17	WO

CUSTOMER
Legend Oil + Gas

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Trumpis		
458	Tim		
521	Daniel		
630/1103	Stam		

WELL DATA

CASING SIZE <u>2 1/2"</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>783-93</u> (31)	

TYPE OF TREATMENT
Acid Spot/Fracture

CHEMICALS

<u>Cost Water</u>	<u>75 15% HCl Acid</u>
<u>20# Cell Breaker</u>	<u>Inhibitor</u>
<u>Bicide</u>	<u>StimOil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Acid</u>	<u>15</u>	<u>-163</u>			<u>1000</u>	BREAKDOWN <u>1600</u>
<u>16/30</u>				<u>300</u>		START PRESSURE
<u>12/20</u>				<u>1700</u>	<u>-900</u>	END PRESSURE
<u>clean 10 balls</u> (20)					<u>-1100</u>	BALL OFF PRESS
<u>12/20 5x5 balls</u>				<u>1000</u>	<u>-1300</u>	ROCK SALT PRESS
<u>12/20</u>				<u>1000</u>	<u>-1400</u>	ISIP <u>400</u>
<u>Flush</u>	<u>10</u>				<u>-1400</u>	5 MIN
<u>Release</u>						10 MIN
<u>Overflow</u>	<u>5</u>				<u>1000</u>	15 MIN
						MIN RATE
						MAX RATE
	<u>130</u>			<u>4000</u>		DISPLACEMENT

REMARKS: Spot acid to job - breakdown and stage

No Chart

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **47807**

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

LOCATION Thayer

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9-13-12	4759	Cross 3, 4		22	25	17	W00	
CHARGE TO <u>Legend C. 1-6-3</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102C	1	PUMP CHARGE 1000HP Combo 3" well		2070-
5102C	1	4" well		1725-
5302	2	Ann Spotter		750-
1275	150	15 lb Mc Ard		315-
1202	5	Ann Tubular		25-
1219B	1	Stimul		65-
		Continuing Water		
1131	200	Proct		1800-
1205	5	Breaker		100-
41205A	6	Breaker		180
5604	2	Fire Valves		700-
5115	2	Ball Taper		NO CHARGE
4326	35	3" Ballcrackers		105-
		BLENDING & HANDLING		
5109	43	TON-MILES 1 with Delivery		NA
		STAND BY TIME		
5105	43	MILEAGE Mobilization (2 P.)		NA
5101F	64	WATER TRANSPORTS reduced	448	672
		VACUUM TRUCKS		
2104	600	FRAC SAND 16/30		150-
2102	7400	12/20		1998-
		SALES TAX		7.67
		ESTIMATED TOTAL		9958.67

Revin 2790

CUSTOMER or AGENTS SIGNATURE

[Signature]

COWS FOREMAN

[Signature]

CUSTOMER or AGENT (PLEASE PRINT)

252926

DATE

9-13-12

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

TICKET NUMBER 53994
FIELD TICKET REF # 47807
LOCATION Ill...
FOREMAN ...

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	4759	Cross #4	22	25	17	WCO

CUSTOMER
Leeward Oil + Gas

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tramp		
458	Tim		
521	Daniel		
60/1103	Steve		

WELL DATA

CASING SIZE <u>2 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
783-93 (31)	

TYPE OF TREATMENT
Acid Spot/Frac

CHEMICALS

<u>Carl Water</u>	<u>25% Hydrochloric Acid</u>
<u>20% Gel Proppant</u>	<u>Inhibitor</u>
<u>Bromide</u>	<u>Stimul</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Perd</u>	<u>15</u>	<u>163</u>			<u>1600</u>	BREAKDOWN <u>1600</u>
<u>11/30</u>				<u>300</u>		START PRESSURE
<u>12/10</u>				<u>1700</u>		END PRESSURE
<u>12/20 10 balls (20)</u>					<u>1100</u>	BALL OFF PRESS
<u>12/20 5x5 balls</u>				<u>1000</u>	<u>1500</u>	ROCK SALT PRESS
<u>12/20</u>				<u>1000</u>	<u>1000</u>	ISIP <u>400</u>
<u>Flush</u>	<u>10</u>				<u>1400</u>	5 MIN
<u>Release</u>						10 MIN
<u>Overhead</u>	<u>5</u>				<u>1000</u>	15 MIN
						MIN RATE
						MAX RATE
	<u>130</u>			<u>4000</u>		DISPLACEMENT

REMARKS: Spot acid to perforations and stage

No Chart

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 53995
FIELD TICKET REF # 47807
LOCATION Thayer
FOREMAN Greg Wiskel

4 1/2" well

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-12	11759	Cross # 43	22	25	17	W0

CUSTOMER Legend Oil + Gas		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Trumps		
458	Travis		
521	Daniel		
611/191	George		

WELL DATA

CASING SIZE 2"	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
764 72	Q5

TYPE OF TREATMENT

Acid Fracture

CHEMICALS

25 15-2 HCl Acid
20" 64/Boreline
Boreline
Stimulac

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
pad	15	-16				BREAKDOWN 1600
16/30				700		START PRESSURE
16/10				1100		END PRESSURE
cle 5 balls						BALL OFF PRESS
12/10 5x5 balls				1000		ROCK SALT PRESS
12/10				1000		ISIP 4/15
Flush + over	10					5 MIN
Release						10 MIN
Overflow	5					15 MIN
						MIN RATE
						MAX RATE
Totals	125			4000		DISPLACEMENT

REMARKS:

got on 16' pad - low down and stage

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

SERVICE COMPANY: C.O.W.S.
 TICKET NO: 53995
 CUSTOMER NAME: Legend Oil and Gas
 WELL NAME: Cress #3
 WELL LOCATION:

DATE RECORDED: 09/13/2012
 JOB NO:
 UNIT DESCRIPTION:
 UNIT NOTES:
 FILE NAME: LegendOilandGas_12_09_13_#3.csv



Pen# 1: Pump Pressure (Pressure : psi) Pen# 2: Pump Rate (Flowrate : bpm) Pen# 3: Pump Totals (Volume : bbl)

Pen# 1 Pen# 2 Pen# 3

2000.00 22.00 140.00

1800.00 19.80 126.00

1600.00 17.60 112.00

1400.00 15.40 98.00

1200.00 13.20 84.00

1000.00 11.00 70.00

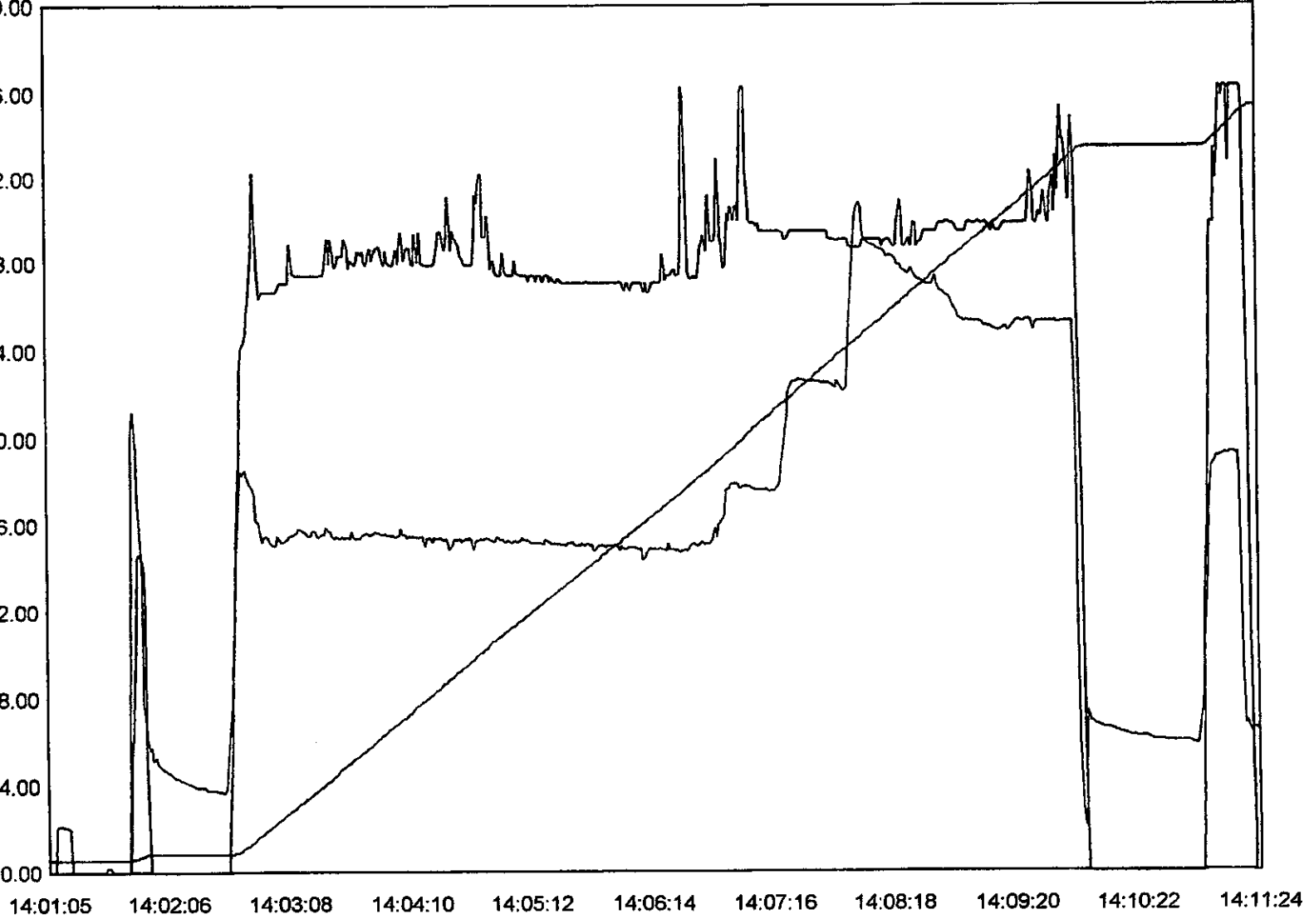
800.00 8.80 56.00

600.00 6.60 42.00

400.00 4.40 28.00

200.00 2.20 14.00

0.00 0.00 0.00



14:01:05 14:02:06 14:03:08 14:04:10 14:05:12 14:06:14 14:07:16 14:08:18 14:09:20 14:10:22 14:11:24