

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

*Handwritten notes:*  
W/ 10/22/09  
10/22/09

Operator: License # 34168  
Name: Lyons Salt Company  
Address: 1660 Avenue N  
City/State/Zip: Lyons, KS 67554  
Purchaser: N/A  
Operator Contact Person: Collin Rogers  
Phone: (620) 257-5626  
Contractor: Name: GeoCore  
License: 33859  
Wellsite Geologist: N/A

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: American Salt Company

Well Name: Harbiger A-3  
Original Comp. Date: 9/68 Original Total Depth: 3570  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back Surface Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

<u>8/18/08</u>	<u>8/19/08</u>	<u>9/19/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 159-20141-00-02  
County: Rice  
NE NW NW Sec. 9 Twp. 20 S. R. 8  East  West  
330 feet from S / N (circle one) Line of Section  
990 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Habiger Well #: 3  
Field Name: Shumway  
Producing Formation: NA  
Elevation: Ground: 1665 est. Kelly Bushing: NA  
Total Depth: 197 Plug Back Total Depth: Surface  
Amount of Surface Pipe Set and Cemented at 252 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from NA  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan OWWO  
(Data must be collected from the Reserve Pit) P+A AIT I NGR  
Chloride content Fresh ppm Fluid volume NA bbls  
Dewatering method used Vac truck  
1-8-09

Location of fluid disposal if hauled offsite:  
Operator Name: Chase Water Waste System  
Lease Name: Bear Disposal License No.: 4419  
Quarter \_\_\_\_\_ Sec. 31 Twp. 19 S. R. 9  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Kenneth J. Grimm  
Title: EVP-OPERATIONS Date: 10/22/09  
Subscribed and sworn to before me this 22 day of October  
2009  
Notary Public: Yvonne Lange  
Date Commission Expires: Nov. 15, 2009

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**YVONNE LANGE**  
Notary Public - State of Kansas  
My Appt. Expires Nov. 15, 2009

RECEIVED  
KANSAS CORPORATION COMMISSION

OCT 23 2008

CONSERVATION DIVISION

Operator Name: Lyons Salt Company Lease Name: Habiger Well #: 3  
 Sec. 9 Twp. 20 S. R. 8  East  West County: Rice

**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 copy of all Electric Wireline 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>None. Cement in surface casing, drilled out for investigative purposes. Drilled out of casing at 197'. Decision made to P&amp;A.</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing <input checked="" type="checkbox"/> Plug Back TD _____ Plug Off Zone	surface	common	100	3 sacks of chloride

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
	NA		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr.			Producing Method				
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

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KANSAS CORPORATION COMMISSION

OCT 23 2008

CONSERVATION DIVISION  
WICHITA KS



24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2908

Voice: (785) 483-3887  
Fax: (785) 483-6566

# INVOICE

Invoice Number: 116162  
Invoice Date: Sep 18, 2008  
Page: 1

**Bill To:**  
Lyons Salt Company  
1000 Avenue N  
Lyons, KS 67654

*Handwritten:* 10/27/08

*Handwritten:* Habiger 3

Customer ID	Well Name or Customer FID	Payment Terms	
Lyons	Habeuse #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2	Great Bend	Sep 19, 2008	10/18/08

Quantity	Item	Description	Unit Price	Amount
100.00	MAT	Class A Common	13.50	1,350.00
3.00	MAT	Chloride	51.50	164.50
103.00	SER	Handling	2.25	231.75
35.00	SER	Mileage 103 sx @ .10 per sk per mi	10.30	360.50
1.00	SER	Old Hole Plug	991.00	991.00
35.00	SER	Mileage Pump Truck	7.50	262.50

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

10/15/08

ONLY IF PAID ON OR BEFORE

Oct 18, 2008

Subtotal	3,350.25
Sales Tax	211.07
Total Invoice Amount	3,561.32
Payment/Credit Applied	
<b>TOTAL</b>	<b>3,561.32</b>

RECEIVED  
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OCT 23 2008

CONSERVATION DIVISION  
WICHITA, KS



24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2006

Voice: (785) 483-3887  
Fax: (785) 483-5566

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Invoice Number: 116162  
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**Bill To:**  
Lyons Salt Company  
1000 Avenue N  
Lyons, KS 67654

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WICHITA, KS



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Invoice Number: 116162

Invoice Date: Sep 18, 2008

Page: 1

24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2808

Voice: (785) 483-3887  
Fax: (785) 483-5566

<b>Bill To:</b>
Lyons Salt Company 1000 Avenue N Lyons, KS 67654

Customer ID	Well Name or Customer P.D.	Payment Terms	
Lyons	Habeuse #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2	Great Bend	Sep 19, 2008	10/18/08

Quantity	Item	Description	Unit Price	Amount
100.00	MAT	Class A Common	13.50	1,350.00
3.00	MAT	Chloride	51.50	154.50
103.00	SER	Handling	2.25	231.75
35.00	SER	Mileage 103 sk @ .10 per sk per mi	10.30	360.50
1.00	SER	Old Hole Plug	991.00	991.00
35.00	SER	Mileage Pump Truck	7.50	262.50

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SEP 18 2008

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OCT 23 2008

CONSERVATION DIVISION  
WICHITA, KS



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Russell, KS 67665-2906

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**ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF**

Subtotal	3,350.25
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<b>TOTAL</b>	<b>3,561.32</b>

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