

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

9/13/11

OPERATOR: License # 6030
Name: Ainsworth Operating Company
Address 1: 4676 Commercial Street SE, # 412
Address 2: _____
City: Salem State: OR Zip: 97302 + _____
Contact Person: Al Ainsworth
Phone: (503) 881-4357
CONTRACTOR: License # 30606
Name: Murphin Drilling Company
Wellsite Geologist: Randy Killian
Purchaser: Plains Marketing, LP

API No. 15 - 195-22660-0600
Spot Description: _____
NE SW SE NW Sec. 29 Twp. 15 S. R. 25 East West
2020 Feet from North / South Line of Section
1850 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: Howard Well #: 4
Field Name: Splitter SW
Producing Formation: Mississippian
Elevation: Ground: 2538' Kelly Bushing: 2533'
Total Depth: 4526' Plug Back Total Depth: 4478'
Amount of Surface Pipe Set and Cemented at: 210' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1962' Feet
If Alternate II completion, cement circulated from: 1962
feet depth to: surface w/ 450 sx cmt.

KCC
SEP 13 2010
CONFIDENTIAL

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 #: _____

6-15-10	6-21-10	6-22-10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)
Chloride content: 2700 ppm ppm Fluid volume: 400 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

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.

Signature: [Signature]
Title: VP Date: 9-10-10

KCC Office Use ONLY

- Letter of Confidentiality Received Date: 9/13/10 - 9/13/11
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: SEP 13 2010

RECEIVED

KCC WICHITA