KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Chesapeake Operating, Inc. Bogner 2-20	Type Test	t:				•	(See Instru	ctions on Re	everse Sid	le)				
College Coll	Op	en Flo	w				Toot Date	· ·		•	۸۵	No. 15			
Chesapeake Operating, Inc. Bogner 2-20 Descript Locarillo C SE SE 20 21S AWP RNG (EW) Acres Attributed 21S AWW Acres Attributed Packer Set at Robert Purp Back Total Depth Packer Set at None Robert Purp Back Total Depth Packer Set at None Robert Purp Back Total Depth Packer Set at None Robert Purp Back Total Depth Packer Set at Robert Purp Back Total Depth Robert Purp Back Total Depth Robert Purp Back Total Depth Packer Set at Robert Purp Back Total Depth Packer Set at Robert Purp Back Total Depth Robert Purp	De	liverat	oilty								Ô7:	5-20489 ~	00-00		
	Company Chesap		e O	perating,	Inc					ər			2-20		umber
Pressure	County Hamilto	on .										/W)		Acres	Attributed
None Clasing Size Weight Internal Diameter Set at Perforations To 2777	Field Bradsh	aw				-			- Advantage					· · · · · · · · · · · · · · · · · · ·	
1.0.5	1		te				Plug Bac	k Total De	oth			Set at			
2832 Type Competition (Describe) Type Fluid Production Type Fluid Production Pump Unit or Traveling Plunger? Yes / No Yes / No Pump Unit or Traveling Plunger? Yes / No No Yes / No Pump Unit or Traveling Plunger? Yes / No No Yes / No No Yes / No Yes / No Yes / No No Yes / No No Yes / Yes / No Yes / Yes / No Yes / Yes / No No Yes / Yes / No Yes / Yes / No Yes / Yes / No No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / Yes	Casing S 4.5	ize						Diameter							
Single Gas Water Pump Unit **Corriducing Thru (Annulus / Tubing)	Tubing Si 2.375	ize		Weig	ht		Internal [Diameter			Perfo	rations	То		
Pressure Table	• .		n (D	escribe)				d Production	on				g Plunger? Yes	/ No	
Pressure Tange T	Producing	g Thru	(An	nulus / Tubi	ng)		% C	arbon Diox	kide		% Nitrog	jen	Gas G	ravity -	G _g
Flange F	Annulus	_							444-144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
Pressure Buildup: Shut in 6/24 20 10 at 07:00 (AM) (PM) Taken 6/25 20 10 at 07:00 (AM) (PM)		epth(F	- †)										(Meter	Run) (P	rover) Size
Static / Orifice Circle one: Meter Prover Pressure Size Size Prover Pressure Size Size Prover Pressure Size Size Prover Pressure Size S		Buildu	ıp:	Shut in _6/	24	2	0_10_at_0			Taken_6	/25	20	10 at 07:00		(AM) (PM)
Static / Orifice Size Wellhead Pressure (inches) Prover Pressure pisig (Pm) Inches H ₁ ,0 Pressure pisig (Pm) Inches H ₂ ,0 Pressure pisig (Pm) Inches H ₃ ,0 Pressure pisig (Pm	Well on L	ine:		Started		2	0 at		_ (AM) (PM)	Taken		20	at		(AM) (PM)
Static / Orlice / Prover / Pressure /								OBSERVI	ED SURFAC	E DATA		. =	Duration of Shut	t-in24	Hours
Shul-in 58 72.2 22 36.4 24 FLOW STREAM ATTRIBUTES FLOW STREAM ATTRIBUTES Plate Coefficient (F ₁) (F ₁) P _n × h P _n × h	Static / Dynamic Property	Siz	e	Meter Prover Pres	sure	Differential in	Temperature Temperature		Wellhead Pressure (P _w) or (P ₁) or (P _c)		Wellhead Pressure (P _w) or (P ₁) or (P _c)		1		
FLOW STREAM ATTRIBUTES Plate Coefficient (F _p (F _p) McId Coefficient (McId) Coefficient (McId) McId Coefficient (McId) Coe	Shut-In			psig (r iii	,	niches 11 ₂ 0				 		<u> </u>	24	ļ <u>.</u>	
Plate Coefficient (F _p) (F _p) Meter or Prover Pressure psia P = Stension Power Pressure psia P = Stension Power Prover Pressure Psia P = Stension Power Pressure Psia P = Stension Psia Psia Psia Psia P = Stension Psia P = Stension Psia P = Stension Psia Psia Psia Psia Psia Psia Psia Psia	Flow														
Coefficient (F _p) (F _p) Prover Pressure psia Extension Factor F _p Temperature Factor F _{nt}						- 1		FLOW STI	REAM ATTE	RIBUTES	<u> </u>			ı	
P _c /2 = : (P _w) ² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² = (P _d) ² = : (P _d) ² =	Coeffieci	ent	Meter or Prover Pressure			Extension Fa		or	Temperature Factor	Fá	actor	R	(Cubic F	eet/	Fluid Gravity
P _c /2 = : (P _w) ² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² = (P _d) ² = : (P _d) ² =										,					
Checked by Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _a ² divided by: P _c ² - P _a ² The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of a facts stated therein, and that said report is true and correct. Executed this the Wilness (if any) Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _a ² divided by: P _c ² - P _a ² by: Backpressure Curve Stope = "n" Assigned Standard Slope In x LOG Antilog Antilog Antilog Antilog Modd @ 14.65 psia Deliverability Modd @ 14.65 psia Deliverability Mode @ 14.65 psia The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of day of Movember Por Company RECEIV	P _c) ² =		_:	(P _w) ²	-	:	•			•		:	_		07
Pen Flow Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of a facts stated therein, and that said report is true and correct. Executed this the	(P _c)² - (P		(P	(c)2 - (P _w)2	•	1. P _c ² -P _a ²	LOG of		Backpre Slo	essure Curve pe = "n"	n x 1	.06		Or	
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of acts stated therein, and that said report is true and correct. Executed this the	(P _c) ² - (P) _d) ²					1. or 2.	P _c ² -P _w ²	As	signed			Antilog	Equals	R x Antilog
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of acts stated therein, and that said report is true and correct. Executed this the		-				7									
e facts stated therein, and that said report is true and correct. Executed this the	Open Flow	v				Mcfd @ 14.6	35 psia		Deliverat	oility			Mcfd @ 14.65 ps	ia	
For Commission Checked by													rt and that he ha		-
For Commission Checked by			***	Witness	(if any)			-			For C	Company	R	ECEIVE
				For Com	nissio	n			-			Chec	ked by		

I declare und	er penalty of perjury under the laws of the state of Kansas that I am authorized to request
exempt status und	der Rule K.A.R. 82-3-304 on behalf of the operator Chesapeake Operating, Inc.
and that the fore	going pressure information and statements contained on this application form are true and
correct to the bes	t of my knowledge and belief based upon available production summaries and lease records
of equipment insta	allation and/or upon type of completion or upon use being made of the gas well herein named.
I hereby requ	est a one-year exemption from open flow testing for the Bogner 2-20
gas well on the gr	ounds that said well:
(Check	one)
	is a coalbed methane producer
	is cycled on plunger lift due to water
	is a source of natural gas for injection into an oil reservoir undergoing ER
	is on vacuum at the present time; KCC approval Docket No
\checkmark	is not capable of producing at a daily rate in excess of 250 mcf/D
I further agree	e to supply to the best of my ability any and all supporting documents deemed by Commission
taff as necessar	y to corroborate this claim for exemption from testing.
taff as necessar	to corroborate this claim for exemption from testing.
	1, 2010 Signature: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
taff as necessan	1, 2010

Instructions:

If a gas well meets one of the eligibility criteria set out in KCC regulation K.A.R. 82-3-304, the operator may complete the statement provided above in order to claim exempt status for the gas well.

At some point during the current calendar year, wellhead shut-in pressure shall have been measured after a minimum of 24 hours shut-in/buildup time and shall be reported on the front side of this form under **OBSERVED SURFACE DATA**. Shut-in pressure shall thereafter be reported yearly in the same manner for so long as the gas well continues to meet the eligibility criterion or until the claim of eligibility for exemption IS denied.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than December 31 of the year for which it's intended to acquire exempt status for the subject well. The form must be signed and dated on the front side as though it was a verified report of annual test results.

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DEC 0.3 2010

KCC WICHITA