## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:					(See Insi	truction	ns on Re	verse Side	e)			•			
o	en Flow				Test Date	e:	· ·				API No. 15					
Deliverabilty													-19005-0000			
Compan		0 A-1	. ,					Lease	ole					Well Nu	ımber	
County		BOIL Loc	t Cation	sas, 1	Section			TWP	ع ر ح	RNG (E/	W)			Acres /	Attributed	
	leno				13	•		26S		9	' W			·		
Field	Ler	ado				1135				_ R &		nection &				
Completi	on Date	963		· ·	Plug Bad	k Total D 389	Depth			Packer S	A				<del></del> ;	
Casing S	izel (		ight 25	,#	Internal [	Diameter		Set a	29		rations	380	67 -	388	30	
Tubing S	ize 3/8"	, We	ight 4. 17	7#	Internal [			Set a			rations		To			
Type Completion (Describe)					Type Fluid Production  Wate					Pump Unit or Traveling Plunger? (fes) / No						
Producing	Thru (A	AMULUS / Tub	oing)	1.000	% Carbon Dioxide					% Nitrogen				Gas Gravity - G <sub>g</sub>		
Vertical D	epth(H)	<u>นาท1หร</u>		·		Р	ressur	e Taps					(Meter	Run) (P	rover) Size	
Pressure	Buildup:	Shut in	9-	<u> </u>	0 <u>/ 0</u> at		(A	M) (PM)	Taken		2	20 6	at	(	AM) (PM)	
Well on L	ine:	Started	9-	24 20	0 <u>/O</u> at	-	(A	M) (PM)	Taken		2	.0	at	(	AM) (PM)	
						OBSEF	RVED S	SURFACE		i		Durat	ion of Shut-	in	Hours	
Static / Dynamic	Orifice Size	Size Prover Pressure		Pressure Differential in	Flowing Temperature t	Well Hea	rature Wellhead F		Pressure	Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )					d Produced Barrels)	
Property Shut-In	(inches)	psig (Pi	psig (Pm) Inches H <sub>2</sub> 0					psig		psig	psia			-	· · · · · ·	
Flow	•							200								
						FLOW S	STREA	M ATTRI	BUTES	I				1		
Plate Coeffieci (F <sub>b</sub> ) (F Mcfd	ent	Circle one: Meter or Prover Pressure psia		Press Extension Pmxh	Grav Fact F <sub>g</sub>	tor	Tem <sub> </sub>	owing perature factor F <sub>it</sub>	Fa	iation octor = pv	Metered Flow R (Mcfd)		GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G <sub>m</sub>	
		•			(0051151	0110 (0.5)		400000		ATIONS						
(P <sub>c</sub> ) <sup>2</sup> =	<u> </u>	(P <sub>w</sub> )	² =	· · · · · · · · · · · · · · · · · · ·	(OPEN FLO	OW) (DE	%	-	calcul - 14.4) +		· · · · · · · · · · · · · · · · · · ·		(P <sub>a</sub> ) <sup>2</sup>	2 = 0.2 2 =	07	
(P <sub>c</sub> ) <sup>2</sup> - (F or (P <sub>c</sub> ) <sup>2</sup> - (F	-	(P <sub>o</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>		ose formula 1 or 2: 1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup> ed by: P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide by:		2	Backpressure Slope = "II or Assigned Standard Sl		1	LOG		Antilog Del Equals		en Flow verability R x Antilog Mcfd)	
				· .		• . •										
Open Flow	v	<u> </u>		Mcfd @ 14.6	35 psia			Deliverabi	lity			Mcfd 6	2 14.65 psi	a		
	_	ed authority,					٠.		0+4	o make the	Λι	oort and し	that he ha		edge of	
ne racts st	ated ther	ein, and that	said r	eport is true	and correct	. ⊏xecu1	ieu (NIS	ուe <u>(</u>	Ma		, No.	1	111		RECEIVE	
	:	Witnes	s (if any	).			-	_		- Similar	Fo	r Company	1	-	NOV 15 2	
		For Cor	mmissio	n			_	_			Ch	ecked by			00 14/101	

I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request exempt status under Rule K.A.R. 82-3-304 on behalf of the operator
and that the foregoing pressure information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon available production summaries and lease records
of equipment installation and/or upon type of completion or upon use being made of the gas well herein named.  I hereby request a one-year exemption from open flow testing for the
gas well on the grounds that said well:
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.  is not capable of producing at a daily rate in excess of 250 mcf/D
I further agree to supply to the best of my ability any and all supporting documents deemed by Commission staff as necessary to corroborate this claim for exemption from testing.
Date:
Signature: Manay Levleny  Title: Pres

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.

RECEIVED

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