KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

	•	Witness (if a	ny)		-		700	nele	Fo	r Compa	my my		RECEIV	
facts stated	d therein	, and that said	d report is true	and correct	. Executed	this the	8+1	of	<u>/U</u>	00	<u> </u>	, 2	20 <u>10</u> .	
	ersigned	authority, on	behalf of the C		ates that h	·	-	make the	above rep				edge of	
en Flow	<u>- </u>		Mcfd @ 14.6	5 psia		Deliverabi	lity			Mcfd	l @ 14.65 ps	l ia		
···	-					,				-				
or P _c) ² - (P _d) ²		di	2. P _c ² -P _d ² vided by: P _c ² -P _w ²	and divide p 2 p 2		Assigned Standard Slope			<u> </u>			(Mcfd)		
P _c) ² - (P _a) ² or	(P,)2 - (P _w)2	1. P _c ² - P _a ² 2. P _c ² - P _d ²	LOG of formula 1. or 2.		Backpressure Curve Slope = "n"		nxL	og 📗		Antilog	Open Flow Deliverability Equals R x Antilog		
? =	<u>;</u>	(P _w) ² =	·:	OPEN FLO		'ERABILITY)	CALCUL		· .		(P _a)	2 = 0.2 2 =	07	
				<u> </u>										
Plate peffiecient (F _p) (F _p) Mcfd		Circle one: Meter or ver Pressure psia	Press Extension ✓ P _m x h	Extension Fact		Flowing Temperature Factor F _{ft}	Deviation Factor F _{pv}		Metered Flow R (Mcfd)		GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m	
					FLOW STF	REAM ATTRI	BUTES		.l.,	<u>. l'</u>		J		
ow ow						145			 					
	Size nches)	Prover Pressur psig (Pm)	1 1	Temperature Te	Temperature t	(P _w) or (P,		l ·	(P _t) or (P _c)		(Hours)	(Barrels)		
	Drifice	Circle one: Meter	Pressure Differential	Flowing	Well Head	Casing Wollhead Pressure		Tubing Wellhead Pressure			Duration		Liquid Produced	
					· · · · · · · · · · · · · · · · · · ·	D SURFACE				-	ration of Shut			
ssure Buil on Line:		_	· _		•	(AM) (PM)								
numa Del	llelue - '	Shut in 9	-23 20	/ / A at		(AM) (DM)	Taken			 20	at		(AM) (PM)	
ical Dept		nulus			Pres	ssure Taps						/ /	rover) Size	
ducing Th	1	nulus / Tubing))	% C	arbon Diox			% Nitrog	en	7 (ravity - (a. RTI	
e Comple	11.	1		Type Flui	d Productio			Pump Un	it or Traveli	ng Pl	inger? Yes) No		
oing Size	3/0"	Weight	7#	Internal [Diameter	Set a	it	Perfo	ations		To			
sing Size		Weight	<i> </i> #	Internal [Diameter	Set a	it .	Perfo	rations	36	642 ^{To}	364	6	
mpletion [2002		Plug Bac	k Total Der	oth		Packer S						
eld Le	radi)		Reservoir	or tha		<u>.</u>		nering Co		Gas			
ounty Location Reno			Section		TWP 265		RNG (E/W) 9 W				Acres /	Attributed		
mpany A	2 +	Boil	+ Gas	Inc	<u> </u>	Lease Re	ece					Well Nu 2 - //	ımber	
Delive	erabilty			Test Date	e: 			API	110, 15 -		- 21,4			
											_ / ' -	110-1	CA- RESIL	
ype Test: Open	Flow	•••			See mstrut	ctions on Re	vaisa side			سر س.	- 21 (<i>,,</i> 0		

	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 Kcecc 2-//
g	gas well on the grounds 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 is not capable of producing at a daily rate in excess of 250 mcf/D
s	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.
C	Date:
	Signature: Many Mewlery 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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