KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	1:				(See Instruct	tions on Re	verse Sid	de)					
_ Op	en Flov	~			Test Date	a:			ΔРІ	No. 15				
De	llverab	lity			3/31/1			<u> </u>	15 - 175	5-21,157 <i>- C</i>	<u>0</u> 000			
Company Oil Prod		Inc.	of Kansas				Lease Boles				1-16	Well No	ımber	
County Seward			Location 660'FSL	n &4623'FEL	Section 16		TWP 35S		RNG (E.	W)		Acres	Attributed	
Fleid	e Ao	MO	lke		Reservoir Morrow/				Gas Gat Oneok	hering Conne	ection		-	
Completion 2/12/91	on Date	9		- ' -	Plug Bac 6436	k Total Dept	th		Packer 5 6350	Set at				
Casing S 4.5	ize		Weight		Internal Diameter		Set at 6487		Perforations 6325		то 6399			
Tubing Size Weight 2.375			Internal Diameter Set at 6346				Perfo	То	То					
Type Completion (Describe) single				Type Fluid Production SW				Pump U	Plunger? Yes	r? Yes / No				
Producing Thru (Annulus / Tubing) annulus				% Carbon Dioxide				% Nitrog	Gas G	Gas Gravity - G				
Vertical D		i)				Pres	sure Taps				(Meter	Run) (F	rover) Size	
Pressure Well on L											11 _{at} 10:15		(AM) (PM) (AM) (PM)	
						OBSERVE	D SURFAC	E DATA	•	•	Duration of Shul	24	Hours	
Static / Dynamic Property	Dynamic Size		Circle ons; Mater Prover Pressur psig (Pm)	Pressure Differential in Inches H ₂ 0	ifferential Temperature		Casing Wellhead Pressure (P _{**}) or (P _t) or (P _c) psig psia		Wellhe	Tubing pad Pressure or (P ₁) or (P ₀) psia	Duration (Hours)	Liquid Produced (Barrels)		
Shut-In			-				56	70.4	, , ,		24			
Flow														
					- 	FLOW STR	EAM ATTR	RIBUTES		<u> </u>			1 	
Plate Coefflecient (F,) (F,) Mctd		Pro	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m x h	Grav Fac F	tor Temperatu		dure Factor		Metered Flow Fl (McId)	(Cubic F Barrel	eot/	Flowing Fluid Gravity G _m	
					•	OW) (DELIV		•) ² = 0.2	207	
(P _c)² =		<u>-:</u>	(P _*) ² =_	incose formula 1 or 2.	P _d =		T		+ 14.4 = _		(P _d) ² =		
(P _a) ² - (I or (P _a) ² - (I	$(P_a)^2 - (P_a)^2$ or $(P_a)^2 - (P_a)^2$		P _o) ² - (P _w) ²	1. P _e ² -P _e ² 2. P _e ² -P _e ² Widod by: P _e ² -P _e ²	LOG of formula 1, or 2, and divide	p2.p2		essure Cur ppe = "n" or ssigned tard Stope	пх	LOG	Antilog	De	Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flo	w			Mcfd @ 14.	65 psia		Deliverat	bility			Mcfd @ 14.65 ps	sia		
		•	•	behalf of the	• •		•			ne above repo ⁄larch	rt and that he h		vledge of 20 11	
.is iauts 5	iaiou II	,G1 G1	n, and that sa	a roport is true	, and contac	בהסטטוסט				Notto	1		ECEIVE	
			Witness (if				•	·		GIM.In	Сопрану	AF	PR 2 5 2	
		-	For Commis	sion				_		Chec	ked by		- -	

l hereb	nt installation and/or upon type of completion or upon use being made of the gas well herein named. y request a one-year exemption from open flow testing for the BOLES 1-16 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
	r agree to supply to the best of my ability any and all supporting documents deemed by Commissic essary to corroborate this claim for exemption from testing.
Date: <u>3/31</u>	<u>'11 </u>

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

APR 2 5 2011