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

Type Test	t;				(	(See Instru	ictions on Re	verse Sid	e)					
Open Flow Deliverability				Test Date /-/3-			API No. 15 15-071-20107 - OOO							
Company Horsesh		erating, Inc.			<i>. , ,</i>	(	Lease Adams				1	Well Nu	ımber	
County Location Greeley C SW				Section 2			TWP 17S			/W)	Acres Attributed 640		Attributed	
Field Bradsha	w				Reservoi Chase	r				thering Conn Midstrea				
Completion Date 6/27/87					pth		Packer ! None	Set at						
Casing Size Weight 4.5 10.5			Internal Diameter 4.04				Set at 3055		rations 8	то <b>298</b> 9				
Tubing Size Weight 2.375 4.7			ght	Internal Diameter 1.995				Set at 2958		rations	То			
Type Completion (Describe) Single Gas			· · ·	Type Flui Water	id Producti	on		Pump U Yes	nit or Traveling	g Plunger? Yes / No				
Producing	-	(Annulus / Tub	lng)		% C	Carbon Dio	xide		% Nitrog	jen	Gas G	iravity - (	3,	
Vertical D		)				Pre	ssure Taps				3		rover) Size	
Pressure	Bulldu			12 2							11 at 8:	`	(AM) (PM)	
Well on L	ine:	Started		20	) at	<u></u>	_ (AM) (PM)	Taken	· · · · · · · · · · · · · · · · · · ·	20	at		(AM) (PM)	
	,					OBSERV	ED SURFAC	E DATA	· · · · · · · · · · · · · · · · · · ·		Duration of Shu	t-in <u>é</u>	2 <u>4</u> Hours	
Static / Orifice Dynamic Size Property (Inches		Meter Prover Pres	Circle one:  Meter  Prover Pressure  psig (Pm)		Flowing Well He. Temperature t				Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>0</sub> ) psig pale		Duration (Hours)		Liquid Produced (Barrels)	
Shut-In	.75			Inches H <sub>2</sub> 0			paig	83	parg	paia	24			
Flow				<u></u>		<u> </u>								
			<del></del>		- <sub>1</sub>	FLOW ST	REAM ATTR	IBUTES	-		·····			
Plate Coefficient (F <sub>b</sub> ) (F <sub>p</sub> ) Mofd		Circle one: Mater or Prover Pressure pala		Press Extension P <sub>m</sub> x h	sion Factor		Tomporatura		Deviation Matered Factor R F p  (Mcf		w GOR (Cubic F Barre	eet/	Flowing Fluid Gravity G <sub>m</sub>	
	l_				-		VERABILITY			· .		)2 = .0.2	07	
(P <sub>a</sub> ) <sup>2</sup> = (P <sub>a</sub> ) <sup>2</sup> - (F	•	_: (P <sub>w</sub> ) <sup>2</sup> (P <sub>w</sub> ) <sup>2</sup>	Choo	: pse formula 1 or 2: pse formula 1 or 2: pse	P <sub>d</sub> =  LOG of formula 1. or 2. and divide by:	P.2. P.2	Backpre Sloy As	Soure Curve pe = "n" - or signed and Slope	<del></del>	LOG [	Antilog	Deli Equals	pen Flow iverability s R x Antilog (Mcfd)	
Open Flor	w			Mcfd <b>©</b> 14.6	55 psia		Deliverab	ility			Mcfd @ 14.65 ps	sla		
		erein, and that	sald (	report is true	. •		-	uthorized t	o make the day of	May Ru	ort and that he h	RE	CEIVED	
			s (it any		·		_	0		Food	Company /	MAY	1 2 2011	
		For Co	nmissio	П						· Che	cked by	(CC I	WICHITA	

I declare under penalty o	of perjury under the laws of the state of Kansas that I am authorized to request
	.R. 82-3-304 on behalf of the operator
and that the foregoing press	ure information and statements contained on this application form are true and
correct to the best of my know	vledge 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-ye	ear exemption from open flow testing for the <u>Adams I</u>
gas well on the grounds that	
(Check one)	
	ed methane producer
	on plunger lift due to water
<u> </u>	e of natural gas for injection into an oil reservoir undergoing ER
<b>—</b>	rum at the present time; KCC approval Docket No
✓ is not cap	able 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
	orate this claim for exemption from testing.
olari do nocociar, se como	
Date: 5/9/11	
Date:	<del> </del>
	•
	$O \cdot I$
	Signature: Janua Kipley
	Title: Production Assistant
	Title

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 catendar 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.