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

Type Test	:				(	See Instruc	tions on Rev	verse Side	))				
Op	en Flow				Test Date	·			ΛÐΙ	No. 15			
Deliverabilty				12/9/10					API No. 15 15-007-23140-0000				
Company WOOLSEY OPERATING COMPANY, LLC							Lease NURSE	Lease NURSE			1	Well N	umber
County Location BARBER SW SW SE				Section 6		TWP 34S			W)	Acres Attributed		Attributed	
Field RHODES SOUTH					Reservoir MISSIS				Gas Gathering Cor APC		ection		
Completion Date 6/4/07				Plug Bac 5134	k Total Dep	th			et at				
Casing Size Weight 4.500 10.50				Internal [ 4.052	Diameter		Set at 5179		ations	то 4734			
Tubing Size Weight 2.375 4.70				Internal D 1.995	Diameter		Set at 4773		Perforations 4773		то 4773		
Type Completion (Describe) SINGLE				Type Flui WATE	d Production	n	Pump Unit or To PUMPING			aveling Plunger? Yes / No			
Producing ANNUL		Annulus / Tubi	ng)		% C	arbon Diox	ide		% Nitroge	en	Gas G	iravity -	G <sub>g</sub>
Vertical D						Pres	sure Taps				(Meter	Run) (F	Prover) Size
Pressure	Buildup:	Shut in 12	2/8/10	2	0 at		(AM) (PM)	Taken_12	2/9/10	20	at		(AM) (PM)
Well on L	ine:	Started 20								20	at	at	
						OBSERVE	D SURFACE	E DATA			Duration of Shu	t-in	Hours
Static / Dynamic Property	Orifice Size (inches	Prover Pres	sure Dif	ressure ferential in thes H <sub>2</sub> 0	Flowing Temperature t	Well Head Temperature t	mperature (P <sub>w</sub> ) or (P		Wellhea (P <sub>w</sub> ) or	ubing ad Pressure (P <sub>1</sub> ) or (P <sub>c</sub> )	Duration (Hours)		
Shut-In		poig (i iii	, 1110	1120			psig 100	psia	psig 80	psia	24	<u> </u>	
Flow													
						FLOW STE	REAM ATTR	IBUTES					<del></del>
Plate Coeffiecient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Circle one: Meter or Prover Pressure psia		Evtonoion		or .	Flowing Temperature Factor F <sub>11</sub>	nperature Factor		Metered Flow R (Mcfd)	(Cubic F	GOR (Cubic Feet/ Barrel)	
<b>*</b> •••					(ODEN EL	240 (25)	(FOADU 177)		47:00:0				
P <sub>c</sub> ) <sup>2</sup> =		: (P <sub>w</sub> ) <sup>2</sup>	=	<u></u> :	P <sub>d</sub> =		<b>'ÉRABILITY</b> ) % (P	) CALCUL ) <sub>c</sub> - 14.4) +		:		$(a_1)^2 = 0.2$ $(a_1)^2 = $	207
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	1. F 2. F	coose formula 1 or 2: 1. $P_c^2 - P_a^2$ LOG of formula 2. $P_c^2 - P_d^2$ formula 1. or 2. and divide by:		Slope (		ssure Curve pe = "n" or signed ard Slope	l n x i	og 📗	Antilog	De	pen Flow liverability s R x Antilog (Mcfd)
						· · · · · · · · · · · · · · · · · · ·		<del></del>					
Open Flo	w		l Mc	fd @ 14.	65 psia		Deliverab	ility			Mcfd @ 14.65 p	sia	
The	undersion	ned authority	on beha	of the	Company	tates that h	ne is duly an	thorized to	o make th	e above reno	rt and that he h		vledge of
		rein, and that								ECEMBER	und that he i		20 10 .
			- Cit			<u>_</u>	_		205	ىبىل			RECEIV
		Witness	s (if any)					~~~		For	Company		DEC 28
		For Con	nmission				_			Che	cked by	K	CC WIC

exempt status under and that the foregoi correct to the best of of equipment installa	penalty of perjury under the laws of the state of Kansas that I am authorized to request Rule K.A.R. 82-3-304 on behalf of the operator WOOLSEY OPERATING CO., LLC ng pressure information and statements contained on this application form are true and my knowledge and belief based upon available production summaries and lease records ation and/or upon type of completion or upon use being made of the gas well herein named. It a one-year exemption from open flow testing for the NURSE 1
(Check or is is is is is I further agree to	
Date: _12/22/10	
	Signature: Column Title: FIELD MGR.

## 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.