Form G-2 (Rev. 7/03)

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST (See Instructions on Reverse Side)

Type Test	t:				(See Instruct	tions on Hev	rerse Side)					
_ '	en Flow liverabil				Test Date					No. 15				
Company	,		COME	PANY LLC	12/20/10	<u> </u>	Lease BENEFI	FL	15-0	07- 21690-	#2	Well No	ımber	
WOOLSEY OPERATING COMPA				Section 35	TWP RNG		RNG (E/V	V)	""	Acres	Attributed			
BARBER SE NW SW			Reservoi		31S		12W Gas Gathering Con- LUMAN ENERGY		ection					
Completic						AS k Total Dept	th		Packer Se					
9/2/92 Casing S	ize	We	iaht		3795 Internal Diameter Set			ıt	NONE Perfora	То				
5.500 14.00				5.012		4365		3701		3702 To				
_			Weight 4.70			Internal Diameter 1.995		Set at 3673		Perforations OPEN				
Type Con		(Describe)	•		Type Flui WATE	d Production	n		Pump Uni PUMPI	t or Traveling NG	Plunger? Yes	s / No		
Producing	•	(Annulus / Tu	oing)		% C	arbon Dioxi	de		% Nitroge	'n	Gas (aravity -	G _g	
Vertical D 3701		· · · · · · · · · · · · · · · · · · ·	<u> </u>			Pres	sure Taps				(Mete	r Run) (P	Prover) Size	
Pressure	Buildup	: Shut in _	2/19	/10 2	0 at		(AM) (PM)	Taken 12	2/20/10	20	at		(AM) (PM)	
Well on Line:		Started	Started							20	at		(AM) (PM)	
						OBSERVE	D SURFACE	DATA			Duration of Shu	ıt-in	Hours	
Static / Dynamic Property	Orific Size (inche	Prover Pre	r ssure	Pressure Differential in Inches H ₂ 0	Flowing Well Head Temperature t t		Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration L (Hours)		id Produced (Barrels)	
Shut-In				2			270	psia	psig 60	psia	24			
Flow														
	. 1		,	·		FLOW STR	EAM ATTR	BUTES	т.				T	
Plate Coefficcient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension P _m xh	Grav Fac	tor 1	Flowing Deviation Factor F _{pv}		ctor	Metered Flow R (Mcfd)	(Cubic F	Feet/	Flowing Fluid Gravity G _m	
<u></u>													<u></u>	
(P _c) ² =		.: (P _w)) ² =	:	(OPEN FL	OW) (DELIV		CALCUL (- 14.4) +		:		$a_{\rm a})^2 = 0.2$ $a_{\rm d})^2 = $	207	
(P _c) ² - (F or (P _c) ² - (F	- 1	(P _c) ² - (P _w) ²		1. $P_c^2 - P_a^2$ 2. $P_c^2 - P_d^2$ 2. $P_c^2 - P_d^2$ 1. $P_c^2 - P_d^2$	LOG of formula 1. or 2. and divide	P _c ² - P _w ²	Slop Ass	ssure Curve be = "n" or signed ard Slope	n x Le	og 📗	Antilog	De Equal:	pen Flow liverability s R x Antilog (Mcfd)	
						· · · · · · · · · · · · · · · · · · ·	<u> </u>					+		
Open Flo	w			Mcfd @ 14.	65 psia		Deliverab	ility			Mcfd @ 14.65 p	sia		
		•					•			•	rt and that he I	nas knov	vledge of	
the facts s	tated th	erein, and tha	t said	report is true	e and correc	t. Executed	this the 28	3	day of DE		0		20 10 .	
		Witne	ss (if an	у)			_		wm		mpany			
		For C	ommissi	on .			_	· ·		Chec	ked by		<u> </u>	

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 WOOLSEY OPERATING CO., LLC 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 BENEFIEL #2 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. 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: 12/28/10 Signature:	
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Signature: Win Helloyan	
Signature: Win Helloy Title: FIELD MGR.	Date: 12/28/10
Signature: Wn Shllayh. Title: FIELD MGR.	
Title: FIELD MGR.	Signature:
	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.