KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

SIP Type Test:	CEST	OIL.	. 0 0.	ADILIZI	See Instru	ctions on Re	verse Side,)	LILADILI	1 1231	
Definerability				Test Date 12-23-16					No. 15 -007-01077	· - (1000C)
Company ENERVEST OPERATING, LLC.				12-20-10	,	Lease STERI			001 01011		Well Number
County Location BARBER NESWNW		on .	Section 29		TWP 34S			/W)		Acres Attributed	
FIELD NESWAW HARDTNER				Reservoir MISSIS			Gas Gathering Conne REGENCY GAS				
Completion Date 11-17-55				Plug Back Total Depth 4835		pth .	Packer Set at NONE				
Casing Size Weight 5.5 14.0			Internal Diameter 5.012			Set at 4835		orations 4-4774	то 4788-4808		
Tubing Size Weight 2.375 4.7				Internal D	iameter		Set at Perforations 4750		orations	То	
Type Completion (Describe) SINGLE GAS			Type Flui	d Production	on	Pump Unit or Traveli YES-PUM P			ng Plunger? Yes / No		
Producing ANNUL		nnulus / Tubing)	% C	arbon Dio	xide		% Nitrog	gen	Gas Gr	avity - G _o
Vertical Depth(H)			Pressure Taps FLANGE						(Meter Run) (Prover) Size		
Pressure	Buildup:	Shut in 12-	22-10	0 at1	215	_ (AM) (PM)	Taken 12	2-23-10	20	at 1215	(AM) (PM)
Well on Li	ine:	Started	20	O at						at	(AM) (PM)
					OBSERV	ED SURFAC	E DATA			Duration of Shut-	in 24.0 Hours
Static / Dynamic Property	Orifice Size (inches)	e Prover Pressure in		Flowing Well Head Temperature t		Wellhead (P _w) or (Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing ead Pressure or (P _t) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)
Shut-In		psig (Fili)	Inches H ₂ 0			7.1	21.5	pslg	psia	24.0	
Flow											
					FLOW ST	REAM ATTI	RIBUTES		·		
Plate Coeffieci (F _b) (F Mcfd	ient p)	Circle one: Meter or Prover Pressure psia	Press Extension P _m xh	Grav Fac F	tor	Flowing Temperature Factor F ₁₁	Fa	riation actor	Metered Flo R (Mcfd)	w GOR (Cubic Fe Barrel)	Gravity I
									<u> </u>		
(P _c)² =		: (P _w) ² =	· :	(OPEN FL		IVERABILIT' _% (Y) CALCUL (P _c - 14.4) +		;·	. (P _a) (P _d)) ² = 0.207) ² =
(P _c) ² - (F or (P _c) ² - (F	•	(P _c) ² - (P _w) ² Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _w ²		LOG of formula 1. or 2. and divide p 2. p 2		Sid	Backpressure Curve Slope = "n" or Assigned Standard Slope		rog	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
Open Flo	<u> </u>		Mcfd @ 14	.65 psia		Delivera	bility		· · · · · · · · · · · · · · · · · · ·	Mcfd @ 14.65 ps	
The	undersig	•	n behalf of the	Company,		he is duly a	authorized t		•	ort and that he ha	as knowledge of
		orein, and that sa		e and correc	t. Execut	ed this the			DECEMBER		, 20 <u>10</u> .
COP		KCC WICH Witness (f any)		<u>.</u>		PRE		N WIREL	Сотралу	, VEOLIV
COP	T TO	For Comm								ecked by	DEC 3 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 ENERVEST OPERATING, 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 STERLING 1-B 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 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.
Signature: Lampliance Lupervisor

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.