KCC WICHITA

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

SIP Type Test:			ONE	POINT ST				ons on Re			EKAE	iili,i i	1 1591			
Open Flow Deliverability					Test Date:					API No. 15						
Company		12-21-16	12-21-10 Lease				15-119-21090 ~ (**) Well Number									
ENERVEST OPERATING, LLC.					CIMARRON				RON	DNO /			1-26			
County Location MEAD N/2 NW NW				26			TWP 34S		RNG (E/W) 30W				Attributed			
Field ADAMS RANCH					Reservoir MORR			Gas Gathering Connection DUKE			ection					
Completion Date 8-12-02					Plug Back Total Depth 6293			1	NONE							
Casing Size			Weight 15.5	Internal Diameter 4.950			Set at 6345		Perforations 5909-5921			то 5931-5934				
Tubing Size 2.375			Weight 4.7		Internal Diameter 1.995			Set at 5880		Perforations			To			
Type Completion (Describe) SINGLE GAS				Type Fluid		ction			•	Jult or To	_	Plunger? Yes / No				
Producing Thru (Annulus / Tubing) TUBING					% C	% Carbon Dioxide					% Nitrogen			Gas Gravity - G ,694		
Vertical Depth(H) 5922				,, ,	Pressure Taps FLANGE								(Meter Run) (Prover) Size 3.068"			
Pressure Buildup: Shut in 12-20-10 20				0 at	at(AM) (PM)				Taken 12-21-10 20			at _1030		(AM) (PM)		
Well on L	íne;	:	Started	20	0 at			(AM) (PM)	Taken _			20	at		(AM) (PM)	
						OBSE	RVE	SURFAC	E DATA	 -			Duration of Shut-	n 24	.0 Hours	
Static / Dynamic Property	Orifice Size (inches)		Gircle one: Meter Prover Pressu		Flowing Temperature	Well Head Temperature t		Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		(P _#)	Tubing head Press or (P,) or (sure	Duration (Hours)	Liquid Produced (Barrels)		
Shut-In			psig (Pm)	Inches H ₂ 0				229.0	243.4	177.4		sta 1.8	24.0			
Flow											1			<u> </u>		
						FLOW	STR	EAM ATTR	RIBUTES	<u> </u>				J		
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension P _m xh	Fac	Gravity Factor F _g		Flowing Temperature Factor F _{tt}		Deviation Factor F _e ,		red Floo R Vlafd)	W GOR (Cubic Fe Barrel)	st <i>i</i>	Flowing Fluid Gravity G _m	
															•	
(D \2 _			(P _w) ^z =		(OPEN FL	- 1	ELIVI %		/) CALCU P _c - 14.4)				(P _a) ⁽	= 0.	207	
$(P_c)^2 = $	P.)2	² (P _c)² - (P _w)²		Choose formule 1 or 2 1. $P_c^2 - P_e^2$ 2. $P_c^2 - P_e^2$ divided by: $P_c^2 - P_e^2$	LOG of formula 1, or 2, and divide	LOG of formula 1. or 2. and divide p 2. p 2		Backpressure Curv Slope = "n" 		79	x LOG	.og []	Antilog	Open Flow Deliverability Equais R x Antilog (Mcfd)		
											·					
Open Flo	w			Mcfd @ 14.	65 psia			Delivera	bility	L_			Mcfd @ 14.65 psi	a		
		_						-					ort and that he ha		•	
			in, and that sa	aid report is true TTA	e and correc	a. Exec	uted	this the					NE AND TES		20 <u>10</u> .	
			Witness ()	t eny)			_		. 1(1			For	Company		RECE	
COP	1 10	K	CC DODG								MARK		cked by		DEC 30	

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 CIMARRON 1-26
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.
Date: 12:28:10 Signature: Rome L. Lang Title: Compliance. Supervisor

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.