Form G-2 (Rev. 7/03)

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

(See Instructions on Reverse Side)

Type Test:

RECEIVED

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Open Flow Test Date: API No. 15 15-175-20764 · OCO KCC WICHITA Deliverabilty 7-20&21-2011 Company Lease + Gas Company **MULLER** D#4 KBW TWP RNG (E/W) Location Sedtion Acres Attributed County **SEWARD** SE NW 30 **34S** 34W Field Reservoir Gas Gathering Connection **KINNEY** TIMBERLÁND G AND P CO. CHESTER Completion Date Plug Back Total Depth Packer Set at 7-1-84 6522 6212 Casing Size Weight Internal Diameter Perforations Set at To 5.500 15.50 5.580 6600 6470 6492 Tubing Size Weight Internal Diameter Set at Perforations То 2.375 4.70 1.995 6210 6210 6238 Type Completion (Describe) Type Fluid Production Pump Unit or Traveling Plunger? Yes / No SINGLE GAS, WATER, OIL TRAVLING PLUNGER Producing Thru (Annulus / Tubing) % Carbon Dioxide % Nitrogen Gas Gravity - G TUBING 0.068 1.449 0..680 Vertical Depth(H) Pressure Taps (Meter Run) (Prover) Size 4600 **FLANGE** 7-21-2011 7-22-2011 _____ (AM) (PM) Taken 20____ at ___ _ 20 ___ at_ Pressure Buildup: Shut in Well on Line: 20 ___ at ___ ___ 20 ___ at ___ __ (AM) (PM) Taken _ _ (AM) (PM) Started **OBSERVED SURFAÇE DATA Duration of Shut-in** Hours Circle one: Pressure Tubing Orlfice Static / Flowing Well Head Meter Differential Wellhead Pressure Wellhead Pressure Duration Liquid Produced Siza Dynamic Temperature Temperature Prover Pressure (P_{μ}) or (P_{ν}) or (P_{μ}) (P_w) or (P_t) or (P_c) (Hours) (Barrels) (inches) Property psig (Pm) Inches H₂0 psig 24 Shut-in 120 29 **FLOWING** Flow **FLOW STREAM ATTRIBUTES** Circle one: Plate Flowing Flowing Press Gravity Deviation Metered Flow GOR Mater or Coefficcient Extension Temperature Fluid Factor Factor (Cubic Feet/ (F_e) (F_p) Mcfd Prover Pressure Factor Gravity Pxh Barrel) F,, (Mctd) G_ psia F,, (OPEN FLOW) (DELIVERABILITY) CALCULATIONS $(P_a)^2 = 0.207$ $(P_{x})^{2} =$ $(P_1 - 14.4) + 14.4 =$ $(P_{.})^{2} =$ Choose formula 1 or 2: Backpressure Curve Open Flow (P_)2 (P_)2 1. P.2. P.2 LOG of (P)2 (P)2 Slope = "n" formuta 1. or 2. n x LOG Deliverability Antilog ---- or----2. P.2 - P.2 Equals R x Antilog (P)2-(P)2 Assigned P,2 - P,2 (Mcfd) divided by: P2-P2 Standard Slope Open Flow Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 23RD 20 11 amanda Con For Commission

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
(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: PRESIDENT

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.