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

Type Tes	t:				(	(See Instruc	tions on Re	verse Side	)				
Or	en Flo	w			, Test Date	۵۰			API	No. 15			
De	eliveral	oilty		4	-28-11		_	_		075-2074	5-0000		1
Company Horses	hoe	Орє	erating, In	C.			Lease Earl	-			1	Well Num	ber
County,	ייוט(י	, s	2 & NW	tion	Section 23		TWP 22S		RNG (E/	W)		Acres Att	ributed
Field		<del> '</del>			Reservoi					nering Conn			***************************************
Bradshaw Completion Date				Winfiel			DCP Midstream Packer Set at			m ·			
5-9-200	)1 <u> </u>	. 9			2759	ck Total Dept							<u>_</u>
Casing Size 4.5			Weig 10.5		Internal I 4.052	Diameter	2769		Perforations 2730		то 2742		
Tubing Size 2.375			Weight 4.7	ht	Internal Dia 2.0000		eter Set at 2749		Perforations		´ To		
Type Con Single		n (De				d Production			Pump Un Yes	it or Traveling	Plunger? Yes	/ No	
		(Anz	nulus / Tubin	10)		Carbon Dioxi			% Nitroge	 en	Gas Gı	avity - G	
Casing	-	•		-3,					•			, -,	
Vertical D	epth(l	1)				Press Flans	sure Taps Qe				(Meter	Run) (Prov	ver) Size
Pressure	Buildu	p: :	Shut in	4-27 2	o // at _		(AM)(PM)	Taken	4.6	20	// at 9:4	5 (A	M)(PM)
Well on L	ine:	;	Started	2	0 at	<u> </u>	(AM) (PM)	Taken	······································	20	at	(AI	M) (PM)
				·		OBSERVE	D SURFAC	E DATA		<u> </u>	Duration of Shut-	in 24	Hours
Static /	Orif	ce	Citale one:	Pressure	Flowing	Well Head	Cas	sing		nping			
Dynamic Property	Siz (inch	-	Meter Prover Press psig (Pm)		Temperature t		Wellhead Pressure  (P_) or (P_1) or (P_0)  psig psia psig psia  Wellhead Pressure  (P_) or (P_1) or (P_0)  (Hours		(Hours)	Liquid Produced (Barrels)			
Shut-In	.62	35					psig	96.10	pang	ры	24		
Flow	·							-					
						FLOW STR	EAM ATTR	IBUTES					
Plate Coeffici (F <sub>b</sub> ) (F	ent ,)		Circle one: Meter or ver Pressure	Press Extension	Grav Fact F	or Temperature Factor		Deviation Factor F <sub>pv</sub>		Matered Flor R (Mcfd)	w GOR (Cubic Fe Barrel)		Flowing Fluid Gravity
Mofd		_	psia	<u> </u>	<u> </u>		F <sub>11</sub>						G <sub>m</sub>
<u> </u>			<del>_</del> -	<del></del>	(OPEN FL	OW) (DELIV	ERABILITY	) CALCUL	ATIONS		<u></u>		
(P <sub>e</sub> ) <sup>2</sup> =		_:	(P <sub>w</sub> ) <sup>2</sup> =	·:	. P <sub>d</sub> =	9		- 14.4) +		:	(P <sub>a</sub> )	<sup>2</sup> = 0.207 <sup>2</sup> =	
(P <sub>a</sub> ) <sup>2</sup> - (F or (P <sub>a</sub> ) <sup>2</sup> - (F	,"),	(P	)²- (P_)²	2. P <sub>a</sub> <sup>2</sup> -P <sub>a</sub> <sup>2</sup>	LOG of torruta 1. or 2.	P.2. P.2	Slo	ssure Curve pe = "n" - or signed	nxL	oe 📗	Antilog	Delive Equals R	Flow rability x Antilog
				dividual by: P <sub>a</sub> <sup>2</sup> - P <sub>a</sub> <sup>3</sup>		<u></u>	Stand	lard Slope				(M)	cfd)
Open Flov				Mcfd @ 14.	65 acia		Deliverat	niliby			Mcfd @ 14.65 ps	ia	
		laca-	out		•	Andrew 11 - 1					<del>-</del>		
							_	ווו		e above repo	ort and that he ha	as knowled	dge of
lhe facts st	ated t	nereir	n, and that s	aid report is true	and correct	t. Executed	this the		day of <u> </u>	perior.	/ KANSAS COF	PORATION	COMMISSION
			<del> </del>	····			-		rucl	Kip	ley		
			Witness (	(If arry)						For	Company JU	N 16	2011
			For Comm	ntssion			-			Cha	cked by RE	CEI	/ED

	clare 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 Horseshoe Operating, Inc.
and tha	t 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
	ment installation and/or upon type of completion or upon use being made of the gas well herein named.
l he	reby request a one-year exemption from open flow testing for the
gas wel	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
l fur	ther 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:(	0-14-11
	2 4
	Signature: Dance Ripley
	Title: Production Assistant
•	

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.