KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Te	st;					(See Instru	ctions on Re	verse Sid	e)		ı			
	pen Flov	٧												
Deliverabilty				Test Date: 3-3-//				AF 15	Pl No. 15 5-075-2074	-0000				
Company Horseshoe Operating, Inc.				Lease Buck						2-3	Well Number 2-3			
County Location Hamilton W/2			n	Section 3		TWP 23S		RNG (E/W) 40W		Acres Attributed				
Field Bradsl	naw			· · · ·	Reservo	ir			Gas Ga	thering Conn Midstrea	ection			
Complet 4-27-2	ion Date				Plug Ba 2628	ck Total Dep	oth		Packer					
Casing 8		Weight 10.5			Internal Diameter 4.052		Set at 2628		orations)1	To 2609				
Tubing S 2-3/8	lize	W	Weight 4.7			Internal Diameter 2.000		Set at 2615		orations	To			
Type Cor Single-	mpletion Gas	(Describe)	• 			id Productio		<u> </u>	Pump U	nit or Traveling	Plunger? Yes	/ No		
_		Annulus / Ti	ıbing)			Carbon Diox	ide		Pump % Nitrog		Gas G	ravity - G		
Vertical [Depth(H)				 	Pres	sure Taps			·-· <u></u>	(Meter	Run) (Prove	r) Size	
Pressure	Ruifdun:	Shut in	3	-2		0:45		- ·	2.	. 2	// at /0,'			
Well on L											at			
					 		D SURFACE				Duration of Shut	<u></u>		
Static / Orific		Meter		Pressure Differential	Flowing Well He		Casing		Tubing Wellhead Pressure		Duration of Shut		quid Produced	
Property	(inches	ches) Prover Pres psig (Pm		in Inches H ₂ 0	t	Temperature t	1 /9 \ ~ /9 \ ~ /		(P _w) or (P ₁) or (P ₂) psig psia		(Hours)		(Barrels)	
Shut-In Flow	.500	<u> </u>			<u></u>			95			24			
FIGW					·	ELOW CTD	EAM ATTRIC	WITE O						
Plate	$\neg \top$	Circle one:				TEON SIN	EAM ATTRIE	DIES						
Coefficient (F _b) (F _p) Mcfd		Meter or Prover Pressure psia		Press Extension ✓ P _m x h	Grav Fact F ₀	or T	Flowing emperature Factor F _{rt}	Devi Fac F		Metered Flow R (Mcfd)	(Cubic Fe	GOR Flowi (Cubic Feet/ Flui Barrel) Grav G _m		
	,		_		<u> </u>									
P _c) ² =	:	(P _w)	² <u>=</u>	 :	(OPEN FLC)W) (DELIVI %	ERABILITY) (CALCUL/ - 14.4) +		;	(P _a) (P _d)	² = 0.207		
(P _c) ² - (P	.)2	(P _c)²- (P _*)²		se tomula 1 or 2;	LOG of formula		Backpress Stope	nte Crive		m []	<u>a</u>	Open F		
(P _e)2- (P	,) ²	,		c. P _e ² -P _e ² odby: P _e ² -P _e ²	1. or 2. and divide by:	P _e ² - P _w ²	Assig Standar		Π×L		Antilog	Deliverat Equals R x (Mcfd	Antilog	
			_											
Open Flow			<u>L</u>	Mcfd @ 14.6	5 neia		Dali sarahili				· · · · · · · · · · · · · · · · · · ·			
The ur	dersigne	d authority.				ates that he	Deliverabilit		males Ab		Acfd @ 14.65 psi t and that he ha			
e facts sta	ted there	in, and that	sald r	eport is true	and correct.	Executed t	his the	$\mathcal{I}\mathcal{U}$	make th	May	and that he ha	s knowledge	of /	
		\\ Na	. Ft				_ (Dan	ice	Rip	ley F	RECEIVE	ED .	
			s (if any)					0		or Co	mpan M	AY 27	2011	
		For Can	rumission							Check	ed by			

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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 Horseshoe Operating, Inc.
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 Buck 2-3
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.
$\overline{\checkmark}$ 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: <u>5-24-11</u>
Signature: <u>Janice Ripley</u> Title: <u>Production Assistant</u>

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.