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

Type Te	st; Ipen Flo	w	<b>O</b>	- •			(See Ins	tructi	ions on Re	everse Sid	9)			<b>J</b> .	•	
Deliverability Test					Test Dat 1/26	est Date: API No. 15 - 2/2 / / 1 15-071-						5 20065 - <u>000</u> 0				
Company Horseshoe Operating, Inc.					1/20	1		Lease Richardson Estate					Well Number			
_			Loca C SE		1	Section 13			TWP 19S		RNG (E/W) 40W				Acres Attributed	
Field Bradshaw						Reservoir U. Winfield					Gas Gathering Conn		ection		<u> </u>	<del></del>
Completion Date 12/74			,			Plug Back Total Depth 2895			1		Packer None		,			
Casing Size 4.5			Weight 9.5			Internal Diameter 4.04			Set at <b>2949</b>		Perforations 2838		то <b>2846</b>			
Tubing Size 1.5			Weight			Internal Diameter			Set at <b>2856</b>		Perf	orations		То		
Type Completion (Describe) Single Gas					Type Flui Water		ction			Pump U Yes	Pump Unit or Traveling Plunge Yes			/ No		
Producin Annulu	-	(Ani	nulus / Tubi	ng)	·	% (	Carbon D	loxid	е		% Nitro	gen		Gas Gr	avity - C	1,,
Vertical C 2950	Depth(H	)						_	ure Taps			<del></del>		(Meter	Run) (Pr	rover) Size
Pressure	Builder	); ;	Shut in	7	125 2	0 // at	8:30	20	(AN) (PM)		7/20	20	// at_	8:3	00	AM) (PM)
Well on L	.ine:		Started		20	D at		_ (	(AM) (PM)	Taken		20	at _		(	AM) (PM)
-	1						OBSEF	WED	SURFAC	E DATA		·	Duration	of Shut-	in a	74 Hours
Static / Dynamic Property	amic Size perty (inches)		Circle one: Mater Prover Pressure psig (Pm)		Pressure Differential In	Flowing Temperature t	Well Head Temperature		Casing Wellhead Pressure (P <sub>a</sub> ) or (P <sub>1</sub> ) or (P <sub>6</sub> )		Tubing Wellhead Pressure $(P_u) \varpropto (P_1) \varpropto (P_4)$		Duration (Hours)		Liquid Produced (Barrels)	
Shut-In					Inches H <sub>2</sub> 0				psig psia 94.9		psig	psła	2	34		
Flow											·					
				_	<u> </u>	1	FLOW S		AM ATTE	RIBUTES		1	<del></del>			
Plate Coefficient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Circle one:  Meter or  Prover Pressure  pala			Press Extension P <sub>m</sub> xh	xtension Fac		or Tem		nperature Fac		ation Metered Flow ctor R (Mcfd)		(Cubic Fe		Flowing Fluid Gravity G <sub>m</sub>
<del></del>						(OPEN FLO			DADU ITY	) CALCIII	ATIONS					
(P <sub>e</sub> ) <sup>2</sup> =	_	:	(P_)2:	•	:	P <sub>d</sub> =	• •	%		P <sub>e</sub> - 14.4) 4		:		(P <sub>a</sub> )	<sup>2</sup> = 0.20	37
(P <sub>a</sub> ) <sup>2</sup> - (P <sub>a</sub> ) <sup>2</sup> or (P <sub>a</sub> ) <sup>2</sup> - (P <sub>a</sub> ) <sup>2</sup>		(P <sub>0</sub> ) <sup>3</sup> - (P <sub>w</sub> ) <sup>2</sup>		Choose formula 1 or 2:  1, Pa - Pa  2, Pa - Pa  children by: Pa - Pa  children by: Pa - Pa		LOG of formula 1. or 2. and divide by:		Backpressure Cur Slope = "n" 		ssure Curve pe = "π" - or signed	n x LOG		Antilog		Open Flow Deliverability Equals R x Antilog (Mcfd)	
	_			_		<del> </del>				_				<u>_</u>		
Open Flow Mcfd @ 14			Mcfd @ 14.6	.65 psia			Deliverability		<u>l</u> ,	<u>_</u> ,l	Mcfd @					
					ehalf of the o	-			is duly a		o make to	he above repo				edge of
		<del></del>	Witness	Of any	,	·••·		<u>-</u>	-		ani	ce Ri	ple	y	R.	ECEIVEI
			For Comr	nissio	7			-	-			Cher	ked hv	<del>-</del>	<u></u> Λι	HG 1 1 20

	declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
	pt status under Rule K.A.R. 82-3-304 on behalf of the operator Horseshoe Operating, Inc.
	nat the foregoing pressure information and statements contained on this application form are true and
	ct to the best of my knowledge and belief based upon available production summaries and lease records
	ipment installation and/or upon type of completion or upon use being made of the gas well herein named. nereby request a one-year exemption from open flow testing for the _Richardson Estate 1
gas w	ell 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 mct/D
	urther agree to supply to the best of my ability any and all supporting documents deemed by Commission
ian as	s necessary to corroborate this claim for exemption from testing.
Oate: _	8/3/11
	Signature: Janice 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.