KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				(See Instruct	tions on Re	verse Side		_				
Open Flow									15-075-20046-0000				
Deliverability				Test Date:				API No. 15 075-20160-00-00					
Company				11901	//	Lease					Well Number		
Horseshoe Operating, Inc.					Livingston					1A			
County Location Hamilton C NW/4			Section 16				RNG (E/W) 40W		Acres Attribute		ıted		
Field Bradshaw				Reservoir Winfield				Gas Gathering Connection DCP Midstream					
Completion Date				Plug Back Total Depth 3000'				Packer S		•			
	Casing Size Weight			Internal E 4.052	Diameter				Perforations 2520' - 2528'		То		
Tubing Size	ng Size . Weight		nt	Internal Diameter		Set at 2533'		Perforations 2552' - 2562'		То			
	2-3/8" 4.7 Type Completion (Describe)				Type Fluid Production								
Single - Gas				Water				Pump Unit or Traveling Plunger? Yes / No Pump Unit - Rod					
Producing Annulus	Thru (A	nnulus / Tubin	g)	% C	arbon Dioxi	de		% Nitroge	9n	Gas G	ravity - G		
Vertical De	pth(H)				Press	sure Taps				(Meter	Run) (Prover)	Size	
					Flan	•				2"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Pressure 8	Buildup:	Shut in	1/25 2		:20	(PM)	Taken	7/2	<u>6</u> 20	1/at 6:0	70 (A)	(PM)	
Well on Lin	10:	Started	20) at		(AM) (PM)	Taken		20	at	(AM) ((PM)	
					OBSERVE	D SURFAC	E DATA			Duration of Shu	in 24	Hours	
Static /			Pressure Differential	Flowing	Well Head Casing Wellhead Pressur		•	Tubing Wellhead Pressure		Duration	Liquid Desc	uid Produced	
Dynamic Property	Size (inches)	Meter Prover Pressu palg (Pm)		Temperature t	Temperature t	(P _w) or (P _t) or (P _a)			(P ₁) or (P ₀)	(Hours)	1 '	(Barrels)	
Shut-In	500	-				pag	42		Para	24			
Flow										<u>-</u>			
					FLOW STR	EAM ATTR	BUTES	_					
Plate Coefficient (F _b) (F _p) Mcfd		Circle one: Meter or rover Pressure psia	Press Extension	Grav Fact F	or T	Tomograturo		Deviation Metered F Factor R F P (Mcfd)		GOR (Cubic F Barrel	eet/ Fi	wing luid avity G _m	
												,	
(P _a)² =	•	(P_)2 =	•	(OPEN FLO	OW) (DELIV) %		CALCUL (- 14.4) +		•) ² = 0.207) ² =		
-			Choose formula 1 or 2:			1	sure Curve		 	<u>''</u>	1		
(P _a) ² - (P _a) or (P _c) ² - (P _d)		(P _e) ² - (P _e) ²	1. P ₁ ² -P ₂ ² 2. P ₂ ² -P ₂ ² divided by: P ₂ ² -P ₂ ²	LOG of formula 1. or 2. and divide by:	P,2.P,2	Slope = "n"or Assigned Standard Slope		nxL	og	Antilog	Open Flow Deliverability Equats R x Antilog (Mcfd)		
Open Flow			Mcfd @ 14.6	5 psia		Deliverab	lity			Acfd @ 14.65 ps	ia		
			behalf of the old behalf of th				2		e above repor	t and that he h	as knowledge	ot /	
_ ,		, 17141 90	roport to tido				$\overline{\cap}$	anice	1).	lou	, ev_L	············	
<u> </u>		Witness (if	any)		 -	_	\neg			ompany	KEC	EIVE	
		For Commi	selon		~	-	<u>/</u>	•	Check	red by	AUG	112	

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 Livingston 1A 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: 8/3///
Signature:

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.