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

County	Type Test	t:				(	See Instruct	ions on Rev	erse Side	)						
Company   Com		en Fic	W			Took Date					N. 45					
Vincent Oil Corporation Country Countr	Deliverabilty															
Reservoir   Pawrines   Reservoir	Company Vincent Oil Corporation												-	-		
Part	County Klowa												Acres A	Attributed		
Size   Waight   Internal Diameter   Set at   4.052   4939   4751'   To   4764'   4.052   4939   4751'   4764'   4.052   4939   4751'   4764'   4.052   4939   4751'   4764'   4.052   4939   4751'   4764'	Fleld Hardy E	xtens	ion									ection				
Casing Size  Weight 10.5# 4.052  Weight 10.5# 4.764  Weight 10.95b*  Internal Diameter 4.764  11.995b*  Vertical Depth(H)  Pressure Reliablup: Shut In Stared  Stared  Orifice Openario Size Openario			te			•		h			Set at					
Tubing Size  ### 1.995 ###	Casing S									Perfo		То	4764'			
Type Completion (Describe) Single Zone (Gas) Salwater Pump Unit or Traveling Plunger? Yes / No Single Zone (Gas) Salwater Pumping Unit Producing Thru (Annulus / Tubling) % Carbon Dioxide % Nitrogen Gas Gravily · G <sub>s</sub> Annulus Vertical Depth(H) Pressure Buildup: Shut in 5/3 20 10 at -10:30 (AM) (PM) Taken 5/4 20 10 at -10:30 (AM) (PM) Well on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM) OBSERVED SURFACE DATA Duration of Shut-in Properly (Inches) Properly Ressure Differential Information Inches H <sub>1</sub> 0 Prepared Plassure Differential Information Inches H <sub>2</sub> 0 Prepared Plassure Properly Inches Properly Ressure Properly Inches Properly Ressure Research Researc	Tubing S	ize		Weigh	nt	Internal C	Diameter	Set at		Perfo		То				
Producing Thru (Annulus / Tubing)  % Carbon Dioxide  % Nitrogen  Gas Gravity · G.  Annulus  Vertical Depth(H)  Pressure Taps  (Meter Run) (Prover) Size  (MAM) (PM) Taken  20 at	Type Completion (Describe)				Type Flui	Type Fluid Production										
Annulus  Vertical Depth(H)  Pressure Taps  (Meter Run) (Prover) Size  Vertical Depth(H)  Pressure Buildup: Shut in 5/3 20 10 at ~10:30 (AM) (PM) Taken 5/4 20 10 at ~10:30 (AM) (PM)  Wall on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM) Taken 20 at (AM) (PM) Taken 20 at (AM) (PM) (PM) (PM) (PM) (PM) (PM) (PM) (P			•	•	g)							Gas G	Gas Gravity - G			
Pressure Buildup: Shut in 5/3 20 10 at ~10:30 (AM) (PM) Taken 5/4 20 10 at ~10:30 (AM) (PM)  Well on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM)  OBSERVED SURFACE DATA Duration of Shut-in 24 Hour Casing Wellhead Pressure (Inches) Properly		_	,		···					•			•	·		
Well on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM)    Continue   Con	Vertical D	Depth(l	<del>1</del> )				Pres	sure Taps				(Meter	Run) (P	rover) Size		
Static / Orifice   Circle one   Pressure   Pressure   Circle one   Pressure   Circle one   Circ	Pressure	Buildu	ıp:	Shut in5	/3 2	0 10 at ~	10:30	(AM) (PM)	Taken	5/4	20	10 <sub>at</sub> ~10:3	0 (	(AM) (PM)		
State of Size of Pressure Dynamic Properly (Inches) Size of Pressure Properly (Inches) Page (Pm) Inches H <sub>2</sub> O Inches H <sub>2</sub>	Well on L	.ine:	;	Started	2	0 at		(AM) (PM)	Taken		20	at	(	(AM) (PM)		
State of Size of Pressure Dynamic Properly (Inches) Size of Pressure Properly (Inches) Page (Pm) Inches H <sub>2</sub> O Inches H <sub>2</sub>							OBSERVE	D SURFACE	DATA			Duration of Shut	-in _24	Hours		
Shut-in  Flow  FLOW STREAM ATTRIBUTES  Plate Coefficient Meteror Prover Pressure Passure Plator Pactor Pact	Dynamic	ynamic Size		Meter	Differential	Temperature		Wellhead Pressure		Wellhead Pressure		Duration	Liqui	Liquid Produced		
FLOW STREAM ATTRIBUTES    Plate   Circle one:   Preas   Extension   Factor	Property	(inct	188)			t	t					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>'</u>	<b>54</b> .10.57		
FLOW STREAM ATTRIBUTES  Plate Coefficient Coefficient (F <sub>a</sub> ) (F <sub>a</sub> ) Metal or Provar Prassure pela  (P <sub>a</sub> ) <sup>2</sup> =  (P <sub>a</sub> ) <sup>2</sup>	Shut-In			1 :				141					İ			
Plate Coefficient Mater or Prover Pressure Plate Sextension Plate Coefficient (F <sub>a</sub> ) (F <sub>a</sub> ) Mcfd Plate	Flow															
Coefficient (F <sub>1</sub> )(F <sub>2</sub> ) Rator Proval Prassure pala P <sub>m</sub> ×h Factor F <sub>g</sub> P <sub>m</sub> ×h P <sub>m</sub>					<del></del>		FLOW STR	EAM ATTRI	BUTES		,	·		1		
(P <sub>e</sub> ) <sup>2</sup> =	Coefflec (F <sub>b</sub> ) (F	ient ,)	Pro	Mater or ver Pressure	Extension	1		remperature Factor	Fa	ctor	R	(Cubic F	eet/	Fluid Gravity		
(P <sub>e</sub> ) <sup>2</sup> = : (P <sub>w</sub> ) <sup>2</sup> = : P <sub>e</sub> = % (P <sub>e</sub> - 14.4) + 14.4 = : (P <sub>e</sub> ) <sup>2</sup> =							<u>_</u>				69 MCFG	/D				
Chocse formula 1 or 2:  1. P <sub>2</sub> -P <sub>2</sub> or  (P <sub>p</sub> ) <sup>2</sup> - (P <sub>d</sub> ) <sup>2</sup> 2. P <sub>e</sub> <sup>2</sup> -P <sub>e</sub> <sup>2</sup> divided by: P <sub>e</sub> <sup>2</sup> -P <sub>e</sub> <sup>2</sup> by:  Chocse formula 1 or 2:  1. P <sub>e</sub> <sup>2</sup> -P <sub>e</sub> <sup>2</sup> 1. P <sub>e</sub> <sup>2</sup> -P <sub>e</sub> <sup>2</sup> divided by: P <sub>e</sub> <sup>2</sup> -P <sub>e</sub> <sup>2</sup> by:  Copen Flow  Mcfd ② 14.65 psia  Deliverability  Mcfd ② 14.65 psia  Deliverability  Mcfd ② 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 Copen Flow  Witness (if any)  JAN 0 3 2017  JAN						(OPEN FL	OW) (DELIV	ERABILITY)	CALCUL	ATIONS	_	(P <u>.</u>	)² = 0.2	07		
Open Flow  Mcfd © 14.65 psta  Deliverability  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 TAN 0.3 2017  JAN 0.3 2017  JAN 0.3 2017  December  Open Flow  Antilog  Open Flow  Antilog  Open Flow  Deliverability  Antilog  Open Flow  Antilog  Open Flow  Deliverability  Antilog  Open Flow  Deliverability  Antilog  Open Flow  Antilog  Open Flow  Deliverability  Antilog  Open Flow  Antilog  Op	(P°) <sub>5</sub> =		<u>=:</u>	(P <sub>w</sub> ) <sup>2</sup> =				% (P <sub>.</sub>	- 14.4) +	14.4 = _	:	(P <sub>d</sub>	) <sup>2</sup> =			
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 PERSIVE day of December , 20 10  Witness (if any)			(F	<sup>(2</sup> )²-(P <sub>w</sub> )²	1. P <sub>a</sub> <sup>2</sup> -P <sub>a</sub> <sup>2</sup> 2. P <sub>a</sub> <sup>2</sup> -P <sub>d</sub> <sup>2</sup>	LOG of formula 1. or 2, and divide	formula 1. or 2. and divide p2.p2		Slope = "n"or Assigned		rog	Antilog	Antilog Deliverabl			
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 PERSIVETS day of December . 20 10  Witness (if any)					avided by: Pe*-Pw	- <i> </i>	<u>. 1</u>	Standa	10 910pe							
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 PERSIVETS day of December . 20 10  Witness (if any)																
the facts stated therein, and that said report is true and correct. Executed REGEIVETSt day of	Open Flo	w			Mcfd @ 14.	65 psia		Deliverabi	ity			Mcfd @ 14.65 ps	sia			
Witness (if any)  JAN 03 2887-  Gor Company	The	unders	igned	d authority, o	n behalf of the	Company, s	tates that h	e is duly aut	horized t	o make t	he above repo	ort and that he h	as know	ledge of		
	the facts s	stated (	herei	n, and that s	aid report is true	e and correc					Decemb	er		20 10		
				Witness (	if any)			E O NAL	2817	D- L	Edit C	and -	0			
					<u> </u>		<u></u> к	CC Wife	CHIT/	<del></del>						

exempt and tha correct of equip	clare under penalty of perjury under the laws of the state of Kansas that I am authorized to request status under Rule K.A.R. 82-3-304 on behalf of the operator Vincent Oil Corporation  the foregoing pressure information and statements contained on this application form are true and 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. The reby requests a one-year exemption from open flow testing for the Regier #1- 23
	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  ther agree to supply to the best of my ability any and all supporting documents deemed by Commissionecessary to corroborate this claim for exemption from testing.
	12/31/2010
	Signature: M. Joyhay  Title: Geologist

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.