KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:				(See Instruc	tions on Rev	erse Side)					
U Op	en Flo)W			Test Date	a·			ΔPI	No. 15	i			
De	eliveral	bilty				19-2011				155-2101	7-00-00			
Company	AN L	. LC		ي يخي		•	Lease C.W.HA		* 1		#2	Well Number		
County Location C SW NW			Section	Section TWP			RNG (E/	RNG (E/W) 5W . ^		Acres Attributed				
Field ASTEL	•	-				Reservoir MISSISSIPPI			Gas Gathering Connection LUMEN ENERGY					
Completion Date 11-1-84					Plug Bac 3599,	Plug Back Total Depth 3599			Packer S NONE		. ,			
Casing Size Weight 5.000 15.50				Internal I 4.950	Internal Diameter		Set at 3599'		Perforations 3480					
Tubing Size Weight 2.375 4.70				Internal I 1.995	Diameter		Set at 3479		Perforations OPEN		То			
Type Cor		n (D	escribe)			Type Fluid Production GAS,WATER			Pump Unit or Traveling Plunger? Yes / No PUMPING					
Producing	-	(Ani	nulus / Tubir	ıg)	% C	Carbon Dioxi	de	r	% Nitrog	en ,	Gas G	ravity - G _g		
Vertical E		H)		1 *	r,	Pres	sure Taps		• •	-3	(Meter	Run) (Prover) Size		
3482						FLA	NGE,			1				
Pressure	Buildu	ıb:	Shut in 4-1	18-11	0at		(AM) (PM)	Taken 4-	19-11			(AM) (PM)		
Well on L	ine:		Started	2	0 at		(AM) (PM)	Taken			at	(AM) (PM)		
					16.4	OBSERVE	D SURFACE	DATA			Duration of Shut	-in Hours		
Static / Orifice Dynamic Size Property (inches)		ze	Circle one: Meter Prover Press	1	Flowing Well Head Temperature		Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)		
Shut-In			psig (Pm)	Inches H ₂ 0			psig 325	psia	psig	psia	24	1 .		
Flow											:			
						FLOW STR	EAM ATTRII	BUTES						
Plate Coefflecient (F _b) (F _p) Mcfd		Pro	Circle one: Meter or ever Pressure psia	Press Extension P _m xh	Extension Fact		tor Temperature		ation ctor	Metered Flow R (Mcfd)	v GOR (Cubic Fo Barrel	eet/ Fluid Gravity		
/m \2			/D \2	~	-	- •	ERABILITY)					$r^2 = 0.207$		
(P _c) ² =			(P _w) ² =	Choose formula 1 or 2	P _d =		T	- 14.4) +	14.4 =		(P _d)	1		
(P _o) ² - (P _a) ²		(P)2 - (P _w)2	1. P _c ² -P _a ²	LOG of formula			Backpressure Curve Slope = "n"		og	Anillan	Open Flow Deliverability		
(P _o) ² - (P _d) ²			2. P _c ² - P _d ² divided by: P _c ² - P _w ²		1. or 2. and divide p 2 - p 2 by:		Assigned Standard Slope				Antilog	Equals R x Antilog (Mcfd)		
			-					<u>-</u>			,			
			•	* * *	<u> </u>			* !- :						
Open Flov	w			Mcfd @ 14.	65 psia	•	Deliverabil	ity	•	4 .	Mcfd @ 14.65 ps	ia		
		-	•		• •		•				rt and that he ha	_		
the facts st	tated t	herei	n, and that s	aid report is true	and correct	t. Executed	this the 9T			EPTEMBE	-R 1/10	, ₂₀ <u>11</u> .		
			Witness (if any)	·	·		٣	leske	1. O	Shew	RECEIVED		
			For Comm	nission	· · · · · · · · · · · · · · · · · · ·		-			Chec	ked by	SEP 1 9 20		

KCC WICHITA

: I declare under penalty of perju	iry under the law	s of the state of	Kansas that I	am authorized to requ	ıest				
exempt status under Rule K.A.R. 82-					,				
and that the foregoing pressure info					and				
correct to the best of my knowledge									
of equipment installation and/or upo					-				
I hereby request a one-year exe	mption from open	flow testing for	the C.W. HAI	NES #2					
gas well on the grounds that said we			* 1						
r _k		t .							
(Check one)				•					
is a coalbed met	hane producer		ŧ		2. 1				
is cycled on plun	iger lift due to wat	er							
is a source of na	is a source of natural gas for injection into an oil reservoir undergoing ER								
is on vacuum at t	he present time; I	CC approval D	ocket No						
✓ is not capable of	producing at a da	aily rate in exce	ss of 250 mcf/[)					
I further agree to supply to the I	-		_	ents deemed by Comm	nission				
staff as necessary to corroborate th	is claim for exem	ption from testi	ng.						
Date: 9-9-11		*							
		ŧ							
		\sim 0	1 25 -0	00					
	Signature:	Gls	his H. Old	ham					
		- -							
		REP. HERMA	N L. LOEB LL	C. T					

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.