

KANSAS CORPORATION COMMISSION

ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

(See Instructions on Reverse Side)

Type Test:

- Open Flow
 Deliverability

Test Date:
8-9-11

API No. 15
15-095-20857 - ○○○○

Company Petroleum Property Services, Inc.		Lease Schomacker		Well Number 1	
County Kingman	Location S/2 NE NE SW	Section 34	TWP 28S	RNG (E/W) 6W	Acres Attributed 40
Field Dale		Reservoir Mississippi	Gas Gathering Connection WEST WICHITA GAS GATHERING LLC		
Completion Date 10/01/79		Plug Back Total Depth 4040	Packer Set at None		
Casing Size 4.5	Weight 10.5	Internal Diameter 4"	Set at 4068	Perforations 4017	To 4023
Tubing Size 2.375	Weight 4.7	Internal Diameter 2"	Set at 4015	Perforations	To
Type Completion (Describe) Single Gas Well - Pumping		Type Fluid Production Water	Pump Unit or Traveling Plunger? Yes / No Yes		
Producing Thru (Annulus / Tubing) ANNULUS		% Carbon Dioxide 0.190	% Nitrogen 6.710	Gas Gravity - G _g	
Vertical Depth(H) 4070		Pressure Taps Flange Tap		(Meter Run) (Prover) Size 3"	
Pressure Buildup: Shut in 8-9 at 11 at 10:00 (AM) (PM) Taken 8-10 at 11 at 10:00 (AM) (PM)					
Well on Line: Started _____ at _____ (AM) (PM) Taken _____ at _____ (AM) (PM)					

OBSERVED SURFACE DATA

Static / Dynamic Property	Orifice Size (inches)	Circle no. Meter Prover Pressure psig (Pm)	Pressure Differential in Inches H ₂ O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _c) or (P ₁) or (P ₂)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P ₂)		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-In						230	244.4				
Flow											

FLOW STREAM ATTRIBUTES

Pipe Coefficient (F ₁) (F ₂) Mcfd	Circle no. Meter or Prover Pressure psia	Press Extension $\sqrt{P_m \times h}$	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _d	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _s

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P₁)² = _____ ; (P₂)² = _____ ; P₀ = _____ % (P₂ - 14.4) + 14.4 = _____ ; (P₁)² = 0.207 ; (P₂)² = _____

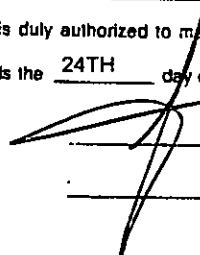
(P ₁) ² - (P ₂) ² or (P ₁) ² - (P ₀) ²	(P ₁) ² - (P ₀) ²	Choose formula 1 or 2: 1. P ₁ ² - P ₀ ² 2. P ₁ ² - P ₂ ² divided by P ₀ ² - P ₂ ²	LOG of formula 1. or 2. and divide by: P ₁ ² - P ₀ ²	Backpressure Curve Slope = "n" ----- or ----- Assigned Standard Slope	n x LOG []	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)

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 this the 24TH day of AUGUST, 20 11

Witness (if any)

For Commission



For Company

Checked by

RECEIVED
AUG 31 2011
KCC WICHITA

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 Petroleum Property Services, 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 Schomacker #1 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: 8-24-11

Signature:  _____
Title: President

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.