

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Form G-2
(Rev 8/98)

(See Instructions on Reverse Side)

Type Test:

- Open Flow
 Deliverability **WHSIP**

15-095-01830-0000

Test Date: 11/10/11

API No. 15-095-~~004830~~ **01830-0000**

Company LINN OPERATING, INC.		Lease WSU (Boyle A 2)		Well Number 40	
County KINGMAN	Location C SW NE NE	Section 27	TWP 30S	RNG (EW) 8W	Acres Attributed
Field SPIVEY-GRABS-BASIL		Reservoir Mississippian		Gas Gathering Connection PIONEER EXPLORATION, LLC.	
Completion Date 06/1/1954		Plug Back Total Depth 4329'		Packer Set at	
Casing Size 5 1/2"	Weight 14	Internal Diameter	Set at 4,355'	Perforations 4271'	To 4290'
Tubing Size 2 1/2"	Weight 6.5	Internal Diameter	Set at	Perforations	To
Type Completion (Describe) SINGLE		Type Fluid Production Gas		Pump Unit or Traveling Plunger? Yes / No PUMP YES	
Producing Thru (Annulus/Tubing) Annulus		%Carbon Dioxide		% Nitrogen Gas Gravity - G. .69	
Vertical Depth (H) 4357'		Pressure Taps		(Meter Run) (Prover) Size	

Pressure Buildup: Shut In 11/9 20 11 at 7:00 (AM)(PM) Taken 11/10 20 11 at 7:00 (AM)(PM)
Well on line: Started _____ 20 _____ at _____ (AM)(PM) Taken _____ 20 _____ at _____ (AM)(PM)

OBSERVED SURFACE DATA

Duration of Shut-In **24.00**

Static/ Dynamic Property	Orifice Size (Inches)	Circle one: Meter Prover Pressure psig	Pressure Differential in Inches H ₂ O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-In						44.0	58.4			24.00	
Flow											

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _b)(F _p) Mcf/d	Circle one: Meter or Prover Pressure psia	Press. Extension $\sqrt{P_m \times H_w}$	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _{ov}	Metered Flow R (Mcf/d)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _m

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_c)² = _____ (P_w)² = _____ : P_d = _____ % (P_c - 14.4) + 14.4 = _____ (P_a)² = 0.207
(P_a)² = _____

(P _c) ² - (P _a) ²	(P _c) ² - (P _w) ²	$\frac{P_c^2 - P_a^2}{(P_c)^2 - (P_w)^2}$	LOG of formula 1. or 2. and divide by	$P_c^2 - P_w^2$	Backpressure Curve Slope = "n" ----- or ----- Assigned Standard Slope	n x LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcf/d)

Open Flow **Mcf/d @ 14.65 psia** Deliverability **Mcf/d @ 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 11th day of November, 2011

Witness (if any)

For Commission

L. R. [Signature]

For Company

Checked by

RECEIVED

DEC 21 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 LINN OPERATING, INC. and that the foregoing information and statements contained in 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 WSU (Boyle A 2) 40 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: 11/11/2011

Signature: 

Title: Regulatory Specialist

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 from 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. it was a verified report of test results.