KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:					(See msmuc	cuons on Mev	erse Side	<i>y</i>				
Open F	low			To at Bate				4011	No. 15			
Deliver	abilty			Test Date	:			API	17	5 2051	46-6	001
Company			,			Lease					Well Nur	
Kaiser	Fre	ncis 011				Graber	•			· · · · · · · · · · · · · · · · · · ·	4-7	
County Location		Section		TWP		RNG (E/W)		. Acres Attributed				
	Seward SWNW		<u>7</u> 33S				31W		laa			
Field Masson	4			Reservoi	nase			DLF	ering Connect	, Ou		
Completion D				Plug Bac	k Total Depti	h		Packer S				
4/3/						00			254	14 .		
Casing Size	.=	Weight		Internal C	Diameter	Set at		Perfor		То		
5.5 <i>15.5</i>			4.67		5100		2584		2634			
Tubing Size			_	Internal Diameter		Set at		Perforations ·		То		
2.875		<u> </u>	<u> </u>	2.1			<u> </u>	Overa Her	a Townshop I	W	. A.	
Type Complet Singl		iscribe)		Type Fiul	d Production	1		Pump Un	t or Iraveling i	Plunger? Yes /	™	
200 Jilly	u (Ann	ulus / Tubing)		% Carbor	n Dioxide			% Nitroge	n	Gas Gr	avity - G,	
Tubing	-			V U					•			
/ertical Depth	(H)				Press	ure Taps				. (Meter F	Run) (Pro	ver) Size
260	· ·				F	lange					3	
		9/	28/11_19		··-···································	*****		9/29/1	/	41		
Pressure Buik	sup: · ·	Shut in	•					•		-	-	
Well on Line:	\$	Started	19	at	<u>. </u>	(AM) (PM)	Taken		19 .	41	(^	.M) (PM)
		· ····································										
·····		Circle ener .	Pressure :		OBSERVE	D SURFACE		·		Duration of Shut-	<u>in</u>	Hou
	rifice : . Size	Meteror Differents		Flowing Well Head . Temperature Temperature		Casing Wellhead: Pressure: 5-				Duration	Liquid	Liquid Produced .
	ches:	Prover Pressur		iemperature	t emperature:	(P_u) or (P_i) or (P_i)		(P_n) or (P_i) or (P_n)		(Hours)	(B4	Brreis)
		berð	Inches H ₃ 0		1	DSIG.	osta	psig	pala ,			
Shut-In .			ļ		<u> </u>			102	1	24	<u> </u>	<u></u>
Flow						1	•				İ	
		· -			FLOW STR	REAM ATTRI	BUTES		<u> </u>			
Plate		Circle and:				Flowing	1	1			:	Flowing
Coefficient	:	Meter or	Press Extension	Grav Fac		Temperature		riation leter	Metered Flow	GOR Cubic Pa	C Feet/ Fluid	
(F _a) (F _a)	Pro	ver Pressure psia		F		Factor F _{II}	1		(Mcld)	Barrel)		Gravity G
Meld	<u>!</u>	,	 ;	i		* #*	+	+			<u>i</u>	
]		•			·	<u> </u>					
				(OPEN FL	OW) (DELIY	(ERABILITY)	CALCUL	ENOITA.		(P.)	² = 0.20	7
o,}* =	:	(P_)2 =_	:	P, =		% (P	- 14.4) +	14.4 =	:	(P,)		
	;	10	noese farmule ? or 2:		7		sure Curve	1	ГП		Oor	n Flow
(P _e)2 · (P _e)2	(F	ייני (פייני	1. P. P.	LOG of rormuts			e = "n" ∩⁄	nxt	og	Antilog	Deliv	rerability
(P _a)1- (P _a)2	1	ł	2. P ₁ . P ₁	1. or 2.	P.1. P.1	Ass	igned	⁻			4	Pi x Antilog Victol
	<u>!</u>	0	Manager P. 1 - P.	27:	<u>. </u>	Standa	urd Siope				 	
	!	·	•	<u> </u>							!	
				!					i			
	<u></u>	<u></u> .	<u>.</u>		Dath and Mar		McId ◆ 14.85 psia					
pen Flow		·	Mcfd 9 14.6	5 osia		Deliverabili	ty .			CIO & 14.65 psi	<u></u>	
The under	rsigned	authority, on I	behalf of the Co	ompany, sta	ites that he i	s duly author	ized to ma	ke the abo	ve report and	hat he has knov	vledge of	the facts
	-	·	s true and com			24	day o	^	tobor	=		· 2011
#14A N1414NI''		r sers rabalt g					. /		M	•		
					RECE	IVED -	71	MANT	1/1/2	W		
		Wknese (d	any}				•		/ For C	empany .		
		For Comm	STOR		 Jan -1	7 2012 -			Check	ed by		
			-			-						

KCC WICHITA

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	e completion or up					
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•	rounds that said w		,			
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<u>X</u>	is incapable of p	roducing at a da	ly rate in excess	OF 150 MCI/U		
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Instructions:

All active gas wells must have at least an original G-2 form on file with the conservation division. If a gas well meets 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 obtain a testing exemption.

At some point during the succeeding calendar year, wellhead shut-in pressure shall be 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.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than thirty (30) days after the taking of the pressure reading. The form must be signed and dated on the front side as though it was a verified report of test results.