KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:				6	See Instruct	ions on Rev	rerse Side)					
□ Ор	en Flo	w			Test Date				A Di	No. 15				
De De	liverab	ilty			12/28/2					7-01,073 ~	\cdot 0000)		
Company		nerg	gy, Inc.				Lease W.C. G	raves			1	Well Numi	oer	
County Barber			Location 60'S SW NE		Section 28		TWP 34S		RNG (E/W) 12W			Acres Attributed		
Field Hardtner				Reservoir Mississippi				hering Conne by Pipeline			_			
Completic 11-20-5		е			Plug Bac 4800	k Total Dept	th		Packer S	Set at				
Casing Size 5.5			Weight 15.5		Internal Diameter 4.950		Set at 4820		Perforations 4720		то 4778			
Tubing Size 2 3/8ths			Weight 4.7		Internal Diameter 1.995		Set at 4782		Perforations		То			
Type Con Single	npletio	n (De	escribe)	·——	Type Flui Saltwa	d Production ter	n			nit or Traveling ng unit	Plunger? Yes	/ No		
	_	(Ani	nulus / Tubing	1	% C	arbon Dloxi	de		% Nitrog	en	Gas G	ravity - G _g		
Annulus														
Vertical D	epth(F	1)				Pres	sure Taps				(Meter	Run) (Prov	/er) Size	
Pressure	Buildu	p:	Shut in12-2	8 2	0_11_at_1	0:00am	(AM) (PM)	Taken_12	2-29	20	11 at 10:15	am (Al	 м) (РМ)	
Well on L	ine:		Started	2	0 at		(AM) (PM)	Taken		20	at	(At	M) (PM)	
						OBSERVE	D SURFACE	DATA			Duration of Shut	-in	Hours	
Static / Dynamic Property	Dynamic Size		Circle one: Meter Prover Pressul		Flowing Well Heat Temperature t		I Wellhead Pressure		Tubing Wellhead Pressure (P _w) or (P ₁) or (P ₀)		Duration (Hours)		Liquid Produced (Barrels)	
Shut-In	(111011		psig (Pm)	inches H ₂ 0	•		pslg 120#	psia	psig	psia				
Flow						-	65#							
					<u>.</u>	FLOW STR	REAM ATTR	BUTES			.,.			
Plate Coefflecient (F _b) (F _p) Mcfd		Circle one: Mater or Prover Pressure psia		Press Extension P _m xh	Grav Fac F,	tor	Flowing Temperature Factor F ₁₁	ature Factor		Metered Flow R (Mcfd)	GOR (Cubic F Barrel	ect/	Flowing Fluid Gravity G _m	
					1									
(D)? ~			(P)² =_		•		'ERABILITY) % (F) CALCUL 2 - 14.4) +			-) ² = 0.207	•	
(P _e)² =		<u></u>		hoose formula 1 or 2	P _a =		T	<u></u>	1	·	\frac{\frac{1}{2}}{2}			
(P _e) ² - (I or (P _e) ² - (I	P_)2 P_)2	(F)2- (P_)*	1. P _c ² · P _c ² 2. P _c ² · P _d ² Midded by: P _c ² · P _c	LOG of formula 1. or 2. and divide by:	P.2-P.2	Stop	ssure Curve oe = "n" · or signed ard Slope	nx	LOG	Antilog	Delive Equals R	rability x Antilog cfd)	
					<u></u>									
Open Flo	w			Mcld @ 14	65 psia		Deliverab	ility			Mcfd @ 14.65 ps	sia		
		_	•				ŕ		_	ne above repo anuary	rt and that he h		•	
the facts s	tated t	herei	n, and that sa	d report is tru	e and correc	t. Executed	this the 24	Tit	day or _	112/M	<u> </u>	, 20	<u>12</u>	
			Witness (if	any)			-	-A \ \ \	<u></u>	For C	Company	_rce()	EIVED	
			For Commi	ssion			_			Chec	cked by	LFR-	3-1-20 <u>1</u> 2	

	penalty of perjury under the laws of the state of Kansas that I am authorized to request Rule K.A.R. 82-3-304 on behalf of the operator Anderson Energy, Inc.
and that the forego correct to the best of of equipment installa	ing pressure information and statements contained on this application form are true and f my knowledge and belief based upon available production summaries and lease records ation and/or upon type of completion or upon use being made of the gas well herein named. It a one-year exemption from open flow testing for the
gas well on the grou	unds that said well:
i i i i i i i i i i i i i i i i i i i	s a coalbed methane producer s cycled on plunger lift due to water s a source of natural gas for injection into an oil reservoir undergoing ER s on vacuum at the present time; KCC approval Docket No s not capable of producing at a daily rate in excess of 250 mcf/D so supply to the best of my ability any and all supporting documents deemed by Commission o corroborate this claim for exemption from testing.
	Signature: Willow Huckman 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.

FEB 0 1 2012

KCC WICHITA