KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruct	ions on Reve	erse Side,)				
Op	en Flov				Test Date)-			AP	No. 15	0600		
De	liverabi	lty	2 Yhrs	thut in	12/8/11	•				077-21619	- UUU		
Company		ior I	Inc.				Lease Walker				1-23	Well Number	
County Harper		•••	Locat SE-NV	on /-NE-NE	Section 23		TWP 34S		RNG (E 7W	W)	-	Acres Attribu	ted
Field NA					Reservoir Mississi				Gas Gar Atlas	thering Conne	ection		
Completic 6/27/08	on Date)		· · · · · · · · · · · · · · · · · · ·	Plug Bac	k Total Dept	h		Packer :	Set at			
Casing S	ize		Weigh	nt .	Internal D	Diameter	Set at		Perfo	orations	To	 	
51/2 Tubing Si	ize		17# Weigh	st	4.892	Diameter	5176 Set at		465 Perfo	rations	4660 To	 -	
23/8		(D •	4.70		1.995	d Dandustina	5056		D (1	-it Tti	Dhinasa Vas	/ 1/2	
Type Con Gas					water	d Production			Pump	nit or Traveling ing unit		/ No	
Producing Annulus		(Ann	nulus / Tubin	g)	% C	arbon Dioxid	de		% Nitrog	j en	Gas Gr	avity - G _g	
Vertical D)	 -			Press	sure Taps				(Meter F	Run) (Prover)	Size
Pressure	Buildur): S	Shut in 12/	8 2	0 11 at 9:	:00AM	(AM) (PM) 3	Taken 12	/9	20	11 at 9:30AM	И (AM) (—— РМ)
Well on L											at	. , ,	•
						OBSERVE	D SURFACE	DATA			Duration of Shut-	24	Hours
Static /	Orific		Circle one: Mater	Pressure Differential	Ftowing	Well Head	Casin Wellhead P	- 1		Tubing ad Pressure	Duration	Liquid Prod	
Dynamic Property	Şize (inche		Prover Press: psig (Pm)		Temperature t	Temperature t	(P _w) or (P ₁)	or (P _c)	(P _w) o	r (P _t) or (P _a)	(Hours)	(Вапеіз	
Shut-In			poig (, vii)	1101100 1120			423	psia	psig	psia			
Flow							90						
						FLOW STR	EAM ATTRIE	BUTES					
Plate Coefflec (F _b) (F Mcfd	ient ,)		Circle one: Meter or ver Pressure psia	Press Extension ✓ P _m xh	Grav Fact	tor T	Flowing emperature Factor F _{ft}	1	ation ctor	Metered Flow R (Mcfd)	GOR (Cubic Fed Barrel)	et/ Fi	wing uid avity 3 _m
					•		ERABILITY)					= 0.207	
(P _c) ² =		_:_	(P _w) ² =	Choose formula 1 or 2	P _a =		1	- 14.4) +	14.4 = _	: :	(P ^a);	' =	
(P _c) ² - (I or (P _c) ² - (I		(P	(p)2 - (P _w)2	 P_c² - P_a² P_c² - P_d² divided by: P_c² - P_d² 	LOG of formula 1. or 2. and divide	b.s.b.*	Slope (Assi	sure Curve = "n" or gned rd Slope	пх	rog	Antilog	Open Flo Deliverable Equals R x A (Mcfd)	ility Antilog
Open Flo	w			Mcfd @ 14.	65 psia		Deliverabil	ity			Mcfd @ 14.65 psi	a	
		•	•	n behalf of the	e and correc	t. Executed	this the 29	(day of	ecember		s knowledge , 20 <u>1</u> 1	
			Witness (if any)	1/	RECEIVE	- 	<u>J 60</u> T 1/	7	Sant	отралу		
			For Comm	nission	JF	<u> </u>	נטיי	<u> ۱۲۰۰۲</u>	<u>e (</u>	Unale Chec	k of a by		

KCC WICHITA

		under the laws of the state of Kansas that I am authorized to request 04 on behalf of the operator American Warrior Inc.
		ation and statements contained on this application form are true and
_		I belief based upon available production summaries and lease records
	-	be of completion or upon use being made of the gas well herein named.
, ,	• • •	ion from open flow testing for the Walker !-23
gas well on the grou		<u>-</u>
(Check of	-	_
	s a coalbed methane	
	s cycled on plunger	
		I gas for injection into an oil reservoir undergoing ER
	·	present time; KCC approval Docket No
🗸 13	s not capable of pro-	ducing at a daily rate in excess of 250 mcf/D
<u></u>		
\		
I further agree to	o supply to the best	of my ability any and all supporting documents deemed by Commission laim for exemption from testing.
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I further agree to staff as necessary to Date: 12/29/11	o supply to the best	of my ability any and all supporting documents deemed by Commission laim for exemption from testing.
I further agree to staff as necessary to Date: 12/29/11	o supply to the best o corroborate this cl	of my ability any and all supporting documents deemed by Commission laim for exemption from testing. Signature:
I further agree to staff as necessary to Date: 12/29/11	o supply to the best o corroborate this cl	of my ability any and all supporting documents deemed by Commission laim for exemption from testing.

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.