KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:					(See Instructions on Reverse Side)							4	
Open Flow					Test Date:					. W 48			
De	liverat	oilty			rest Date	.			AP	1 No. 15	1-276	20-000	
Company	50	<i>l</i> , , .	ta D	. 1	. /	Tuo	Lease		•		<u> </u>	Well Number	
County	1 78 1	C 0	Loca	<i>pduc+10</i> tion 80 F.S.L	Section	e NC.	TWP	INK	RNG (F	:/w/\		Acres Attributed	
Z,	11/	e N	30	SOFSL	4840	EEI	25-	256- 1	クピ	,	,	10/00 / 11/10/100	
Field		<u></u>		50 r 5 L Sg	Reservoir			· / / /	Gas Ga	thering Conne	ction		
\mathcal{H}_{U}	imb	pola	1+	-59	SIRKEL	,			S	outher	V STAR		
Completic	on Da	te		2	Plug Bac	k Total Dept	h		Packer	Set at			
	<u> </u>	<u> 30</u>	-95	ht 5		08							
Casing S	ize 27/2		Weig	ht	Internal C	Diameter	Set -			orations	To	-760'	
Tubing Si	iza	<i>-</i>	Weld	ン b:	Internal D	12 Diameter		8 6		96 orations	750	100	
labing of	120		weig		macma L	Maineter .	361	aı	rem	Jianons	10		
Type Con	npletio	on (D	escribe)	2 &	Type Flui	d Production	1		Pump U	nit or Traveling	Plunger? Yes	/ No	
Producing	g Thru	י <i>ק א</i> ן (Ani	nulus / Tubir	ure ng)	% C	arbon Dioxi	de		% Nitro	gen	Gas Gr	avity - G	
AN	Nala	, <		.	•							,	
Vertical C	Depth(H) ,				Pres	sure Taps				(Meter F	Run) (Prover) Size	
	80										•	, , ,	
Pressure			Shut in	1-15 2	0 /2 at	9.'30	(AMD/PM)	Taken	1-1	6 20	12at 9:1	(AM)(PM)	
							-						
Well on L	.ine:		Started	2	0 at		(AM) (PM)	Taken		20 .	at	(AM) (PM)	
	,					OBSERVE	D SURFAC	E DATA			Duration of Shut-	in Hours	
Static /	Static / Orifice		Gircle one: Meter	Pressure Differential	Flowing	Well Head	Casing Wellhead Pressure		Tubing		Curation	Liquid Produced	
,		hes)			Temperature t	Temporature t	re (P _w) or (P ₁) or (P ₃)		Wellhead Pressure (P _w) or (P _c) or (P _c)		(Hours)	(Barrels)	
Property	tines	185)	psig (Pm	Inches H ₂ 0	ι	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	psig	psia	psig	psia			
Shut-In			ļ			İ	18	32.5					
Flow				- 			 					·	
	l		L			I FLOW STR	EAR ATTO	 	L			<u> </u>	
		<u> </u>	Circle one:	T		FLOW SIN		₩ 6 1 E 3					
Plate Coeffiecient			Mater or	Press Extension	Press Grav Extension Fac		Tammanatum		iation	Metered Flow	GOR	Flowing	
(F _b) (F _p)		Prover Pressure psia		√ P_xh	✓ P _x xh F		Factor	- · · ·		R (Mcfd)	(Cubic Fe Barrel)	Gravity	
Mold			heia	ļ <u>"</u>			F,,				_ 	G	
					(OPEN FL	OW) (DELIV	ERABILITY) CALCUL	ATIONS		(0.)	2 - 0 207	
(P _c) ² =		:	(P)²	= :	P _d =	• •		, P _c - 14.4) +		:	(_ጉ ,	? = 0.207 ? =	
	-			Choose formula 1 or 2		<u> </u>		ssure Curve		T	. 4,	i	
(P _c)² - (I	P_) ^g	(F	5")s • (b")s	1. P ₄ 2-P ₄ 2	LOG of			pe = "n"	пх	LOG	A melita a	Open Flow Delivorability	
(P _e)2- (1	P _a)²			2. P ₂ - P _d	1. or 2. and divide	P.* - P.*	A:	- or signed	'		Antilog	Equals R x Antilog	
<u> </u>				divided by: P. 2 - P.	z by:	<u> </u>	Stand	lard Slope	_			(McId)	
							1						
					1	•	1	-	_				
Open Flow McId @ 14.65					65 nsia	psia Deliverability				McId ② 14.65 psia			
			al acuthorals:			datas that h		• •	mela •		t and that he ha		
		-	_		·								
the facts s	tated	therei	in, and that :	said report is true	and correc	t. Executed	this the	18-	day of _	JANU	ary	, 20 <u></u> .	
									11:	1 /2	ell		
			Witness	(if any)			•	/	w	For Co	impany	RECEIVED	
		_	For Corr	misaion						Check	ed by	FEB 0 1 201	

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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 <u>Daketa Preduction 6.</u> Two 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 <u>Kutwik</u> #2 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:
Signature: <u>Sink Council</u> Title: <u>Consultant</u>

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.

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