KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:				(-	See Instruct	ions on Reve	erse Side)					
□ Ор	en Flo	w			Tool Date				ADI	No. 15				
De	liverab	ilty			Test Date 6/22/11	ı :				190. 15 207-23313-0	0000			
Company WOOLS		PER	ATING CO	MPANY, LLC			Lease WENZEL	•			#2	Vell Nun	nber	
County BARBER	County Location Section TWP RNG (E/W) BARBER 660' FNL & 1320' FEL 24 34S 12W			W)	Acres Attributed									
Field RHODE:	s so	UTH		· · ·	Reservoir MISSISS				Gas Gath	nering Conne	ection			
Completion Date 7/22/08				Plug Back 5099'	k Total Dept	th	•	Packer Set at NONE			<u></u>			
Casing Si 4.500	ize	Weight 10.500			Internal D 4.052	Internal Diameter 4.052		Set at 5149		rations	то 4775			
Tubing Size 2.375			Weigh 4.700		Internal Diameter 1.995		Set at 4811		Perforations		То			
Type Con		n (De	escribe)		Type Fluid	d Production	n		Pump Un		Plunger? Yes	/ No	 	
Producing Thru (Annulus / ANNULUS			nulus / Tubing))		% Carbon Dioxide			% Nitrog	en	Gas Gra .631	ravity - G _o		
Vertical D		1)				Pres	sure Taps					Run) (Pro	over) Size	
4742		•				FLAI					3"		·	
Pressure	Buildu	ıp:	Shut in <u>6/2</u>	1/11 2	0 at		(AM) (PM)	Taken_6/	22/11	20	at	(A	M) (PM)	
Well on L	ine:		Started	2	0 at		(AM) (PM)	Taken	····	20	at	(<i>P</i>	\M) (PM)	
			1 .			OBSERVE	D SURFACE				Duration of Shut-	in	Hours	
Static / Dynamic Property	Dynamic Size		Circle one: Meter Prover Pressu psig (Pm)	Pressure Differential re in Inches H ₂ 0	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _*) or (P ₁) or (P ₂)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)		
Shut-In			pog (m)		· · · · · · · · · · · · · · · · · · ·		240	psia	190	psia	24			
Flow														
						FLOW STR	REAM ATTRI	BUTES			1			
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension Pmxh	Extension Fact		or Temperature		iation ctor	Metered Flov R (Mcfd)	GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m	
(P _c) ² =		;	(P _w) ² =	:			'ERABILITY) % (P	CALCUL , - 14.4) +		:	(P _a) [;] (P _d) [;]	2 = 0.20 2 =)7 	
(P _c) ² - (1 or (P _c) ² - (1		(F	P _c)² - (P _w)²	Choose formula 1 or 2 1. P _c ² - P _c ² 2. P _c ² - P _d ² divided by: P _c ² - P _c	LOG of formuta 1. or 2. and divide	P.2. P.2	Slope	sure Curve e = "n" origned rd Slope	nxt	.og []	Antilog	Deliv Equals	en Flow verability R x Antilog Mcfd)	
										"				
Open Flo	w			Mcfd @ 14	65 psia		Deliverabi	lity			Mcfd @ 14.65 psi	a		
		-	•				•				ort and that he ha		-	
the facts s	tated t	there	in, and that sa	aid report is tru	e and correc RE	CEIVE	=	_	day of	EBRUARY Va OOm	2	, 2	12 .	
			Witness (fany)	FE	3 0 6 20				For	ompany			
			For Comn	l'ssion	1/00	1446				Che	cked by			

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 WOOLSEY OPERATING CO., LLC
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 WENZEL #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: 2/1/12 Signature: 2/1/12 Title: FIELD MGR.
Title.

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.