KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:				(See Instruct	ions on Rev	verse Side	}			
Op	en Flo	w			T D-4-				• •	A - 45		
Deliverabilty			Test Date: 7/28/11				API No. 15 15-007-22501-0001					
Company		PER	ATING CO	MPANY, LLC			Lease SPRIGO	 3S			E-1	Well Number
County	R	Location N/2 NW SE			Section 33		TWP 33S		RNG (E/W) 13W		Acres Attributed	
Field AETNA				<u></u>	Reservoir SNYDE				Gas Ga APC	thering Conn	ection	
Completic 3/16/98	on Dat	е			Plug Bac 4390	k Total Dept	h		Packer S			
Casing S 4.500	ize		Weight 10.50	l	Internal E 4.052	Diameter	Set a 5266		Perfo	rations 7	то 3940	
Tubing S 2.375	ize		Weight	!	Internal D	Diameter	Set 8	"4 33 5"	Perfo	rations EN	То	· · · · · · · · · · · · · · · · · · ·
Type Con		n (De	escribe)		Type Flui WATE	d Production	1		Pump U PUMF	nit or Traveling PING	Plunger? Yes	/ No
Producing		(Anr	nulus / Tubing)	% C	arbon Dioxid	de		% Nitrog	jen	Gas Gre	avity - G _e
Vertical E	Depth(H	l)				Press	sure Taps				(Meter F	Run) (Prover) Size
Pressure	Buildu	p:	Shut in 7/27	7/11 2	0 at		(AM) (PM)	Taken_7/	28/11	20	at	(AM) (PM)
Well on L	ine:	1	Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)
	r		.	-1	1	OBSERVE	D SURFACI				Duration of Shut-i	nHours
Static / Orifice Dynamic Size Property (inches)		Circle one: Meter Prover Pressu psig (Pm)	Pressure Differential in Inches H ₂ 0	Flowing Well Head Temperature t t		(P_w) or (P_t) or (P_c)		Tubing Wellhead Pressure (P_*) or (P_t) or (P_c)		Duration (Hours)	Liquid Produced (Barrels)	
Shut-in				111011001120			psig 41	psia	psig 105	psta	24	
Flow	<u> </u>											
				.		FLOW STR	EAM ATTR	IBUTES				· · · · · · · · · · · · · · · · · · ·
Plate Coeffiec (F _b) (F Mcfd	ient ,	Meler or Exte		Press Extension P _m x h	Gravity T Factor T F _g		Flowing emperature Factor F ₁₁	Deviation Factor F _{pv}		Metered Flow R (Mcfd)	w GOR (Cubic Fer Barrel)	Flowing Fluid Gravity G _m
(P _c) ² =			(P _w) ² =		(OPEN FLO	OW) (DELIVI %) CALCUL ² c - 14.4) +			(P _a)² (P _d)²	2 = 0.207
(P _e) ² - (P _e)	•	<u>-</u> (F	P _c) ² - (P _x) ²	Choose formula 1 or 2 1. P _c ² - P _c ² 2. P _c ² - P _c ² avided by: P _c ² - P _c ²	LOG of formula 1. or 2.	P ₂ -P ₂	Backpre Slop Ass	ssure Curve De = "n" - or signed ard Slope	n ×	rog [Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
				-					_]			
Open Flo	w	Mcfd @ 14.65 psia				Deliverab	Deliverability Mcfd ⊕ 14.65 psia				a	
The	unders	igned	d authority, or	behalf of the	Company, s	states that he	e is duly au				ort and that he ha	s knowledge of
the facts s	tated t	herei	in, and that sa	id report is true	e and correc	t. Executed	this the 1			lovember	20	, 20 <u>11</u> .
			Witness (if	any)			-	_W	for K		Company	RECEIVED
			For Comm	ssion			-			Che	cked by	DEC 3-0-2011

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 SPRIGGS E-1 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:

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.