Form G-2 (Rev. 7/03)

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:					(See Instru	ctions on Re	verse Side	9)					
✓ Op	en Flov	٧			Teet Dat	Test Date: API No. 15								
Deliverabilty					11/20/11				15- 077 01774					
Company McCoy		oleu	m Corpoi	ation		Lease W.A. Newkirk				007			Well Number #12	
County Location Barber NE SW SE				Section 8		TWP 33S			W)		Acres Attributed			
Fleid Rhodes				Reservo Missis	_{ir} sippian		Gas Gathering Con Олеок		hering Conne	ection				
Completion Date 4/12/56				Plug Bac 4465'	ck Total De	oth		Packer Set at None						
asing Si .5"	sing Size Weight			Internal	Internal Diameter		Set at 4497 '		rations 7'	то 4407'				
			Weigh	it		Internal Diameter		Set at 4442'		rations	То			
Type Completion (Describe) Single					Type Flu	id Production	on	Pump Unit Pumpin		nit or Traveling	Plunger? Yes	/ No		
Producing Thru (Annulus / Tubing)						Carbon Dio	kide		% Nitrogen		Gas Gravity - G			
ubing ertical D	epth(H	١				Pre	ssure Taps				/Meter	Run) (Pr	over) Size	
		•									(, (
Pressure Bulldup: Shut in11/20				20_11 at_1	0:30 AM	_ (AM) (PM)	(AM) (PM) Taken		/21 20	11 at 10:30 AM (AM) (PM)		AM) (PM)		
Vell on Li	ine:	s	started		20 at _		_ (AM) (PM)	Taken		20	at	(AM) (PM)	
,						OBSERV	ED SURFAC	•			Duration of Shut	-in 24	Hours	
Static / Zynamic Property	namic Size operty (inches		Circle one: Meter Prover Pressi psig (Pm)	Pressure Differentia in Inches H,	Temperature	Well Head Temperatur t	Wellhead	Casing /eilhead Pressure) or (P_1) or (P_2) zsig psla		Tubing ad Pressure r (P _r) or (P _e)	Duration (Hours)		Liquid Produced (Barrels)	
Shut-In							45#		psig		24			
Flow														
					_	FLOW ST	REAM ATTR	IBUTES	•					
Plate Coeffied (F _e) (F Mcfd	lent ,)	Circle one: Mater of Prover Pressure psia		Press Extension ✓ P _m xF	י Fac	ivity ctor	Flowing Temperature Factor F _{tt}		eviation Metered Flow Factor R F _{pv} (Mcfd)		GOR (Cubic Fo	eet/	Flowing Fluid Gravity G_	
)1 =		:	(P_)² =	: :	(OPEN FL P _a =		VERABILITY % (i	') CALCUL P _e - 14.4) +		:	(P _a (P _d)² = 0.2()² =	07	
(P _a) ² - (F or (P _a) ² - (F	P_)2	(P _u) ² - (P _u) ²		1, P _e ² -P _e ² 2, P _e ² -P _e ² divided by: P _e ² -	LOG of formula 1. or 2. and divide		Backpressure Cur Slope = "n"		1 1		Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)		
Open Flow Mcfd @ 14.65 psia						Deliverability				Mcfd @ 14.65 psia				
		_		n behalf of th	ne Company,		-			ne above repo	rt and that he h	as knowl	•	
e facts si	tated th	nerein	, and that s	aid report is t	rue and corre	ct. Execute	d this the	<u> </u>	day of L	ecember	n l	<i>A</i>	.o <u>11</u> .	
		-	Witness (îf any)	·-		-			For	ampany ampany	1	RECEIV	

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 McCoy Petroleum Corporation 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 Newkirk #12
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: /2/28/11
Signature: Swell Brupe
Title: Vice President - Production

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.