KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test			_			(See Inst	ructi	ions on Rev	erse Side)						
Open Flow Deliverabilty						Test Date: 10/28/11				API No. 15 15-007-19006-0000							
Company		PER	ATING CC	MF	PANY, LLC				Lease MAMIE I	HOPKIN	s				1	Well Nu	mber
County Location BARBER C SE NW				Section 30			TWP 32S		RNG (E/W) 13W			Acres			Attributed		
					Reservoir MISSISSIPPI				Gas Gathering Connection ONEOK FIELD SERVICES								
Completion Date 12/23/60				Plug Bac 4569	k Total (Depti	Packer Set at NONE						···				
Casing Si 4.500	Casing Size Weight				Internal Diameter 4.052			Set at 4688		Perforations 4555			то 4561				
	ubing Size Weight					Internal Diameter 1.995			Set at 4554	<u> </u>	Perforations OPEN			То			
Type Completion (Describe) SINGLE				Type Flui				Pump Unit or Tra PUMPING			veling Plunger? Yes / No						
Producing	_	(Anr	ıulus / Tubir	ng)			arbon D		de		% Nitro				Gas G	ravity - (3 ₀
Vertical D)					F	ress	sure Taps						(Meter	Run) (P	rover) Size
Pressure	Buildu	p:	Shut in 10	/27	/11 2	0at			(AM) (PM)	Taken_10)/28/11		20	at		((AM) (PM)
								M) (PM) Taken			20	?0 at			(AM) (PM)		
							OBSE	RVE	D SURFACE	DATA				Duratio	n of Shut	-in	Hours
Static / Dynamic Property	Orific Size (inche	Prover Press		ure	Pressure Differential in Inches H ₂ 0	Flowing Temperature 1	nperature Temperature		Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)			Liquid Produced (Barrels)	
Shut-In			paig (Fin)	'	IIIGIBS H ₂ O				psig 180	psia	O psig	p:	sta	24			
Flow								·									
<u> </u>	1			_		1	FLOW	STR	EAM ATTRI	BUTES							
Plate Coefficient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension Pmxh		Gravity Factor F _g			Flowing emperature Factor F ₁₁	Fa	Deviation Factor F _p ,		Metered Flow R (Mcfd)		GOR (Cubic Fee Barrel)		Flowing Fluid Gravity G _m
				ŀ		/ODEN EL	OW/ /DE	-1 1871	ERABILITY)	CALCU	ATIONS						
(P _c)2 =		_:	(P ₊) ²	=	<u> </u>	P _d =			•	- 14.4) +			_:			$)^2 = 0.2$ $)^2 = $	07
$(P_e)^2 - (P_a)^2$ or $(P_e)^2 - (P_d)^2$		(P _a) ² - (P _w) ²			nose formula 1 or 2 1. P _c ² - P _c ² 2. P _c ² - P _c ² and by: P _c ² - P _c ²	LOG of formula 1, or 2, and divide	formula 1. or 2. and divide p2.p2		Backpressure Curv Slope = "n" or Assigned Standard Slope		n x LOG		Antilog		Del Equals	Open Flow Deliverability Equals R x Antilog (Mcfd)	
									<u> </u>								
Open Flo	w				Mcfd @ 14.	65 psia			Deliverabi	lity				Mcfd €	14.65 p	sia	
		•	••		ehalf of the				-		o make t day of _[ort and	that he h		rledge of 20 11 .
the facts s	itated ti	nerei	n, and that s	said	report is true	and correc	t. Exec	utea		When			M		2		ECEIVED
			Witness	(ii an	ıy)				_		.c		For	ontany		DE	C 3 0 20
			For Com	vmissi	on				_				Che	cked by			C WICHIT

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 MAMIE HOPKINS 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.
Signature: Who Lobelly Title: FIELD MGR.

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.