KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				(See Instruct	ions on Re	verse Side	?)					
Open Flo	w			Test Date	. '			ΔĐI	No. 15				
Deliverab	oilty			7/26/11	7.				007-22836-0	0000			
Company WOOLSEY O	PERATING	СОМ	PANY, LLC			Lease CLARK	Œ				Well Nu 2	mber	
County Location BARBER SE SW			Section 5		TWP 32S			W)	Acres Attributed		Attributed		
Field MEDICINE RIVER				Reservoir MISSIS	SIPPIAN			Gas Gat APC	hering Conn	ection			
Completion Date 1/6/05				Plug Bac 4420	k Total Dept	h	Packer Set at NONE		Set at				
Casing Size Weight 4.500 10.50			Internal D 4.052	Diameter	Set at 4407		Perforations 4220		To 4234				
Tubing Size 2.375				Internal I 1.995	Diameter		Set at 4260		rations EN	То			
Type Completion (Describe) SINGLE				Type Fluid Production WATER				Pump Unit or Traveling Plunger? Yes / No PUMPING					
Producing Thru (Annulus / Tubing) ANNULUS				% Carbon Dioxide				% Nitrog	jen	Gas G	Gas Gravity - G		
Vertical Depth(H	H)				Pres	sure Taps				(Meter	Run) (P	rover) Size	
Pressure Buildu	ıp: Shutin _	7/25/	11 20	at		(AM) (PM)	Taken_7/	26/11	20	at	(AM) (PM)	
			at (AM) (PM) Taken					20	at	at (AM) (PM)			
	•		Pressure		OBSERVE	D SURFAC	E DATA			Duration of Shut	-in	Hours	
Static / Orifi Dynamic Siz Property (inch	ice Met	Circle one: Meter Prover Pressure psig (Pm)		Flowing Well Head Temperature t t		(P _w) or (P ₁) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration Liq (Hours)		quid Produced (Barrels)	
Shut-In	F3 (,	Inches H₂0				psia	50	psia	24			
Flow													
•					FLOW STR	EAM ATTR	RIBUTES				•		
Plate Coeffiecient (F _b) (F _p) Mcfd	Circle one: Meter or Prover Pressure psia		Press Extension ✓ P _m x h	Grav Fac F	or Temperature		Fa	Deviation Meter Factor F _{pv} (M		w GOR (Cubic F Barre	eet/	Flowing Fluid Gravity G _m	
							.						
				-	OW) (DELIV		•				$)^2 = 0.2$		
(P _c) ² =	: (P,	,)2 =	cose formula 1 or 2:			1	P _c - 14.4) +		 :	(P _o)² =		
(P _c) ² · (P _a) ² or (P _c) ² · (P _d) ²	(P _c)²- (P _w)²	(P _c) ² - (P _w) ² 1. P _c ² - 2. P _c ² - divided by: P _c		LOG of formula 1. or 2. and divide p2_p2		Backpressure Curv Slope = "n" or Assigned Standard Stope		n x LOG		Antilog	Open Delive Equals R (M:		
			/··· & · ₩										
					_								
Open Flow			Mcfd @ 14.0	65 psia		Deliveral	bility			Mcfd @ 14.65 p	sia		
	_	-		• •		·			ne above repo	ort and that he h		ledge of	
the facts stated t	merein, and th	at said	report is true	and correc	a. Executed		Wm		A 4	2		EIVED	
	With	ness (if ar	(yr			-	W MA		9	Company	DEC	3 0 2011	
	For	Commiss	ion			-			Che	cked by		VICHITA	

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 CLARKE #2
gas well on the grounds that said well:
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: <u>Un R Hallauge</u> 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.