KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruc	ctions on Re	verse Side)					
□ Op	en Flo	w			Total Date	Took Date: ADI No. 45								
Deliverabilty					Test Date: 6/8/11				API No. 15 15-007-21927- 0000 *					
Company		PER	ATING CO	MPANY, LLC			Lease MEYEF	₹			D-1	Well Nu	mber	
County BARBER	₹		Location SW NE		Section 20		TWP 34S		RNG (E/W) 13W		Acres Attributed		Attributed	
Field AETNA				,	Reservoir TORONTO				Gas Gathering Conn		ection			
Completion 12/16/99		е			Plug Back Total De 4088		oth		Packer Set at NONE					
Casing Size 4.500			Weight 10.50		Internal Diameter 4.052		Set at 4844		Perforations 4005		то 4027			
Tubing Si	ize	•	Weight 4.70		Internal Diameter 1.995		Set at 4069		Perforations OPEN		То			
Type Con		n (De	escribe)			pe Fluid Production				5 5		s / No		
Producing Thru (Annulus / Tubing) ANNULUS				% Carbon Dioxide				% Nitroge	en	Gas G	Gas Gravity - G			
Vertical D		ł)				Pres	ssure Taps				(Meter	Run) (P	rover) Size	
Pressure	Buildu	p:	Shut in 6/7/	11 2	 D at		(AM) (PM)	Taken_6/	8/11	20	at		AM) (PM)	
Well on L	ine:		Started	20) at		(AM) (PM)	Taken		20	at	(AM) (PM)	
						OBSERVI	ED SURFAC				Duration of Shut	t-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	nperature (P) or (P)		Wellhea	ubing ad Pressure (P ₁) or (P _c)	Duration (Hours)		Liquid Produced (Barrels)	
Shut-In	ıt-In		-					psia	40		24			
Flow	_					<u> </u>						<u> </u>		
	1				1	FLOW ST	REAM ATT	RIBUTES					Flowing	
Plate Coeffiecient (F _b) (F _p) Mcfd		Pro	Circle one: Meter or iver Pressure psia	Press Extension Pmxh	Grav Fac F	tor	Flowing Temperature Factor F ₁₁	Fa	iation actor	Metered Flow R (Mcfd)	(Cubic F	GOR (Cubic Feet/ Barrel)		
												_		
(P _c) ² =			(P _w) ² =	:	(OPEN FL		VERABILITY % (r) CALCUL P _e - 14.4) +		:		$()^2 = 0.2$ $()^2 =$	07	
$(P_e)^2 - (P_a)^2$ or $(P_e)^2 - (P_d)^2$		(F	P _a) ² - (P _a) ²	Choose formula 1 or 2. 1. P _c ² - P _a ² 2. P _c ² - P _d ² stylided by: P _c ² - P _a ²	LOG of formula 1. or 2. and divide		Backpressure Curve Slope = "n" Assigned Standard Slope			.og [Antilog	Open Flow Deliverability Equals R x Antilog (Mefd)		
							_							
0000 51:	Open Flow			*E nois		Deline Lav				Mcfd © 14.65 psia				
Open Flo	w			Mcfd @ 14.	os psia		Delivera	onty			мста с е 14.65 р:	sia		
		-	•	n behalf of the aid report is true						e above repo OVEMBER	rt and that he h		ledge of 20 <u>11</u>	
			, =					Win	Lo	Mark	2	 R	ECEIVFI	
			Witness (i	any)						For C	Company	-	0 0 0 0	
-		•	For Comm	ission						Chec	ked by	—UE	C 3 0 2 0	

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 MEYER D-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 mct/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: 11/13/11 Signature:	
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Signature: Was R Hullay C	
Signature: Was K Hullsey C	Date:
	Signature: Was K Chulley

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.