KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruc	tions on Re	verse Side	9)					
op	en Flo	w			Test Date	a·			AP	I No. 15				
☐ De	liverab	oilty			8/3/11						00-0 0000	l		
Company WOOLS		PER	RATING CO	MPANY, LLC			Lease SPRIG	G S			G-2	Well Number		
County Location BARBER SW SW SW				Section 28		TWP 33S		RNG (E/W) 13W		Acres Attribute		ed		
Field AETNA	MED	ICIN	ie rodge	E-BOGP?	Reservoir SNYDERVILLE			Gas Gathering Connection APC						
Completion Date 12/4/02					Plug Back Total Depth 4006				Packer Set at NONE					
Casing S 4.500	asing Size Weight 500 10.50				Internal I	Diameter		Set at 4006		orations 0	то 3933			
Tubing Size Weight 2.375 4.70				Internal Diameter Set at 1.995 4006				Perforations To OPEN						
Type Completion (Describe) SINGLE						Type Fluid Production WATER				Pump Unit or Traveling Plunger? Yes / No PUMPING				
Producing Thru (Annulus / Tubing) ANNULUS					% C	% Carbon Dioxide				% Nitrogen Gas Gravity - G _g				
Vertical D		1)				Pres	sure Taps				(Meter	Run) (Prover)	Size	
Pressure	Buildu	ıp:	Shut in 8/2	2/11 2	0 at		(AM) (PM)	Taken_8	/3/11	20	at	(AM) (F	<u>—</u> —	
Well on Line: Started			20	0 at		(AM) (PM)	Taken	20		at	at (AM) (PM			
	r					OBSERVE	D SURFAC	E DATA	,		Duration of Shut	-in	Hours	
Static / Dynamic Property	Siz	Size Meter Diffe		Pressure Differential ure in Inches H ₂ 0	Flowing Well Head Temperature t		Casing Wellhead Pressure (P _w) or (P ₁) or (P _c) psig psia		Tubing Wellhead Pressure (P_x) or (P_t) or (P_c) psig psia		Duration (Hours)	1 '	Liquid Produced (Barrels)	
Shut-In							74	para	0	psia	24			
Flow														
	r			1		FLOW STE	REAM ATTR	IBUTES		I	···· ···	- <u> </u>		
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension ✓ P _m x h	Grav Fac F	tor	Tomporoturo		Deviation Factor F _{pv}		(Cubic Fe	GOR Flowing bit Flowing Fluid Gravity G_m		
					(OPEN FL	OW) (DELIV	/ERABILITY) CALCUI	LATIONS	<u> </u>	(P`)² = 0.207		
(P _e)2 =		_:	(P _w) ² =		P _d =		% (F	- 14.4) ا	14.4 = _	:	(P _a			
$(P_e)^2 - (P_a)^2$ or $(P_e)^2 - (P_d)^2$		(P _c) ² · (P _w) ²		1. P _c ² · P _d ² 2. P _c ² · P _d ² divided by: P _c ² - P _d ²	LOG of formula 1. or 2. and divide	P _c ² -P _w ²	Backpressure Curv Slope = "n" Or Assigned Standard Slope		l n x	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)		
				, g w										
Open Flo				Mold @ 14	SE pois		Deliverat	silist.			Model 60 14 65 pc	<u> </u>		
•		iacc	d authority a	Mcfd @ 14.		rtaton that h	Deliverat	-	to make 4	ho obove sees	Mcfd @ 14.65 ps			
		_	-				-			ne above repo	ort and that he h	•		
ne facts s	tated t	nerei	ın, and that s	aid report is true	and correc	t. Executed	this the <u>'</u>		day of <u> </u>	. W 1	2.0	RECEIV		
			Witness ((it any)			-	w	m K	For	Company	DEC 30	20	
												ロモレ コロ	40	

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 G-2
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
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: 11/11/11
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.