KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Stavens NW SE 24 31S 36W Pied Huge from Morrow DCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Midstream Marketing LP Completion Date Plug Back Total Depth OCP Date Date Total Depth OCP Date Total Depth OCP Date Total Depth OCP Date Date Date Date Date Date Date Date		en Flow	.,			Test Date		ructions on Re	verse Side	ADI	No. 15	(C) (C) A	
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Stavens NW SE 24 31S 36W Field Reservoir Gas Gathering Connection CP Midstream Marketing LP Competen CP Midstream Marketing LP CP Mi			Operating	, Inc					n Mast E	3			www.indimper
Higgloto Morrow Programmer State And State State Perforations To Set at Perforations To Set at State Perforations To Set at Perforations To Set at Perforations To Set at Set at Perforations To Set at	County Stevens										W)		Acres Attributed
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2 3/6 4.7 1.995 5612 Type Completion (Describe) Type Fixed Production Water Pump Unit or Traveling Plunger? Yes / No Mater or Pump Unit or Traveling Plunger? Yes / No Mater or Pump Unit or Traveling Plunger? Yes / No Mater or No Pump Unit or Traveling Plunger? Yes / No Mater or No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes	Casing Size 5 1/2												
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Pressure Table Pressure Pres			Annulus / Tu	oing)		% C	arbon Di	oxide		% Nitrog	en	Gas Gr	avity - G _g
Pressure Buildup: Shut in 8/30 20 10 at 07:00 (AM) (PM) Taken 20 10 at 07:00 (AM) (PM) Well on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM) Started 20 at (AM) (PM) Taken 20 at (AM) (PM) Started 20 at (AM) (PM) OBSERVED SURFACE DATA Duration of Shut-in 24 Hour Temperature (Inches) Pressure			······································				Pr	ressure Tans				(Meter	Run) (Prover) Size
Well on Line: Started 20 at (AM) (PM) Taken	6200	or nation										Imorai	TOTAL CONTROL OF
Casing C	Pressure	Buildup:	Shut in _	/30	2	0 10 at 0	7:00	(AM) (PM)	Taken_8/	31	20	10 at 07:00	(AM) (PM)
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Continue	· · · · · · · · · · · · · · · · · · ·					·	OBSER	VED SURFAC	E DATA			Duration of Shut-	ln 24 Hours
FLOW STREAM ATTRIBUTES Plate Code ana: Press Factor Fac	Dynamic	Size	Mete Prover Pre	Meter Prover Pressure		Temperature Temperati		wellhead Pressure (P _w) or (P ₁) or (P _c)		Wellhead Pressure (P _w) or (P ₁) or (P _a)			1 '
FLOW STREAM ATRIBUTES Plate Coefficient (F _x) (F _y) McId Provar Pressure pala (OPEN FLOW) (DELIVERABILITY) CALCULATIONS (P _x) ² =	Shul-In		parg (r	paig (rin)								24	
Plate Coefficient Coefficient (F _s) (F _s) Meter or Prover Pressure psta (Cubic Feet Pst) Factor F _s (Cubic Feet Pst) F _s (P _s) ² = 0.207 (P _s) ² (Flow												
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Checket by Per Complesion Per Comp	(P _c) ² =		: (P _w)	² =	:	•			•				
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the			(P _e) ² - (P _w) ²		1, P ₀ ² · P _a ² 2, P ₀ ² · P _d ²	formula 1, or 2. and divide	P _c ² -P _w ²	Sto	pe = "n" - or signed	nxL	.00	Antilog	Deliverability Equals R x Antilog
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the													
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the	Open Flov	<u> </u>			Mcfd @ 14.6	65 psia	 	Deliverat	oility			Mcfd @ 14.65 ps	ia
witness (if any) For Company For Company Checked by	The L	ındersin	ned authority	on h	ehalf of the	Company. s	tates tha	t he is duly a	uthorized to	o make th	*	•	
For Commission Checked by												and mor no no	_
For Commission Chacked by	·········		Witne	sa (if an	y)						For C	Company	RECENE
			For C	mmissi	on						Cher	:ked by	DEC 03.2

	status under Rule K.A.R. 82-3-304 on behalf of the operator Chesapeake Operating, Inc
	at the foregoing pressure information and statements contained on this application form are true and
	to the best of my knowledge and belief based upon available production summaries and lease records
f equip	oment installation and/or upon type of completion or upon use being made of the gas well herein named.
l he	reby request a one-year exemption from open flow testing for the William Mast B 1-24
as wel	ll 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
l fu	rther agree to supply to the best of my ability any and all supporting documents deemed by Commission
	necessary to corroborate this claim for exemption from testing.
ate: N	November 1, 2010
	2 - 0
	Signature:
	Orginature.

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.

RECEIVED

DEC 03 2010

KCC WICHITA