KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

WOOLSEY OPERATING COMPANY, LLC County Location Section T	34\$	API No. 15 15-007-23312- RNG (E/W) 14W Gas Gathering Conn	1	Well Number
Company WOOLSEY OPERATING COMPANY, LLC County Location BARBER 2310' FNL, 540' FEL 10 Field Reservoir AETNA MISSISSIPPI Completion Date Plug Back Total Depth	Nossaman TWP 34S	RNG (E/W) 14W	1	
WOOLSEY OPERATING COMPANY, LLC County Location Section T BARBER 2310' FNL, 540' FEL 10 Field Reservoir AETNA MISSISSIPPI Completion Date Plug Back Total Depth	Nossaman TWP 34S	14W	1	
BARBER 2310' FNL, 540' FEL 10 Field Reservoir AETNA MISSISSIPPI Completion Date Plug Back Total Depth	34\$	14W		Cres Attributed
AETNA MISSISSIPPI Completion Date Plug Back Total Depth		Gas Gathering Conn		AMIDAIGA
		APC	nection	,
-··-		Packer Set at NONE		
Casing Size Weight Internal Diameter 4.500 10.50 4.052	Set at 5190	Perforations 4752	To 4910	
Tubing Size Weight Internal Diameter 2.375 4.70 1.995	Set at 4802	Perforations	То	
Type Completion (Describe) Type Fluid Production OIL & WATER		Pump Unit or Traveling PUMPING	g Plunger? Yes	/ No
Producing Thru (Annulus / Tubing) % Carbon Dioxide ANNULUS		% Nitrogen	Gas Gra	avity - G _g
Vertical Depth(H) Pressure 4802	e Taps		(Meter F	Run) (Prover) Size
Pressure Buildup: Shut in 9/27/10 20 at	M) (PM) Taken 9/2	28/10 20) at	(AM) (PM)
Well on Line: Started 20 at (Al				
OBSERVED S	SURFACE DATA		Duration of Shut-i	inHours
LIVORDIC I SIZE I I I I I I I I I I I I I I I I I I	Casing Wellhead Pressure (P _w) or (P ₁) or (P _c)	Tubing Wellhead Pressure $(P_w) \text{ or } (P_t) \text{ or } (P_c)$	Duration (Hours)	Liquid Produced (Barrels)
	paig psia 190	psig psia 300	24	
Flow				
	M ATTRIBUTES			
Coefficient Meter or Extension Factor Fector Fig. 1	lowing Devia perature Factor F,	tor R	GOR (Cubic Fed Barrel)	Flowing Fluid Gravity G_m
(OPEN FLOW) (DELIVER/ P_c) ² = : P_d = %	ABILITY) CALCULA (P _c - 14.4) +		(P _a) ² (P _d) ²	²= 0.207
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Backpressure Curve Slope = "n" Assigned Standard Slope	n x LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
Open Flow Mcfd @ 14.65 psia C	Deliverability		Mcfd @ 14,65 psi	<u>B</u>
The undersigned authority, on behalf of the Company, states that he is ne facts stated therein, and that said report is true and correct. Executed this		-O\(E\(DED\)	ort and that he ha	s knowledge of, 20
Witness (it any)		<u> </u>	Company Company	RECEIVE
For Commission				2 2 2 20

exempt s	clare under penalty of perjury under the laws of the state of Kansas that I am authorized to request status under Rule K.A.R. 82-3-304 on behalf of the operator WOOLSEY OPERATING CO., LLC
	the foregoing pressure information and statements contained on this application form are true and
	the best of my knowledge and belief based upon available production summaries and lease records
	nent installation and/or upon type of completion or upon use being made of the gas well herein named. eby request a one-year exemption from open flow testing for the NOSSAMAN 1
	on the grounds that said well:
,	5. 1. 1. 5 g. 5 a. 1. 2. 5 a. 5 a. 5 a. 5
	(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 fur	her 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.
	/30/10
staff as i	/30/10
	/30/10
	Calum
	Signature: 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.