KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

DOLSEY OPERATING COMPANY, LLC Internal Discrete Section TWP RNG (EW) Acres Attributed	Type Test:					(·	See Ins	tructi	ons on Re	verse Side)					
Deliverabley	= .					Test Date):				API	No. 15				
DOLSEY OPERATING COMPANY, LLC Unity Location Section TWP RNO (EW) REER 1650'FSL & 1650'FEL & 1650	Deliveral	bilty											0000			
REER 1650 FSL & 1650 FEL 35 33S 14W TAX Reservoir APC TAX Reservoir	Company VOOLSEY C	PEF	RATING CO	OMF	PANY, LLC								C		ell Num	nber
MISSISSIP APC Packer Set at NONE Ping Back Total Depth Packer Set at NONE NON	: : : _ : _ : _ : _ : _ : _ : _ : _ :										• •		Acr		res Attributed	
17.56	Field AETNA											ering Conn	ection			
10.50	Completion Da I/17/86	ite				_	k Total	Depth	1			et at				
A TO 1.995 A TO 1.995 A TO Type Fluid Production Pump Unit or Traveling Plunger? Yes / No Yes Country Yes / No Yes / No Yes Country Yes / No Yes /	Casing Size 1.500		_											_		
NOLE ducing Thru (Annulus / Tubing) % Carbon Dioxide % Nitrogen Gas Gravity - G, (Meter Run) (Prover) Size 82 82 83 84 84 84 84 84 84 860 84 84 860 84 84 860 86 86 86 86 86 86 86 86 8	<u>-</u> -											-			·	
NULLUS Pressure Taps (Mater Run) (Prover) Size Siz	Type Completic	on (D	escribe)					ction					Plunger? Yes / No			
ssure Buildup: Shut in 9/29/10 20_ at	roducing Thru NNULUS	J (An	nulus / Tubir	ng)		% C	arbon [Dioxid	le		% Nitroge	n	G	as Grav	ity - G	
Shut in 9/29/10 20 at (AM) (PM) Taken 9/30/10 20 at (AM) (PM)	/ertical Depth(H)					Ī	Press	ure Taps				(1	Meter Ru	ın) (Pro	ver) Size
OBSERVED SURFACE DATA Ourtation of Shut-in Hours atic/ Oritice Size perty (inches) Pressure (inches) Prover Pressure (inches) Prover Pressure (inches) Prover Pressure (inches) Pressure (inches) Prover Pressure (inches) Prover Pressure (inches) Prover Pressure (inches) Pressure Extension Pressure Extension Prover Pressure Prove	Pressure Builde	up:	Shut in _9/2	29/1	10 2	0 at			(AM) (PM)	Taken_9/	30/10	20	at		(A	M) (PM)
atic / Orifice hard Meter Meter Prover Pressure paid (Inches) Pressu	Well on Line: Started 20			D at	at (/			(PM) Taken		20	0 at		(AM) (PM)			
Orlice Meter Chicken Orlice Prover Pressure Inches H.0 Orlice Prover Pressure Inches H.0 Orlice Inch			1				OBSE	RVE					Duration o	f Shut-in		Hours
## Plate Section Prover Pressure Press Extension Press Extension Press Pressure	Dynamic Si	ze	Meter Prover Pressure		Differential Temperatu		Temperature		Wellhead Pressure (P_w) or (P_i) or (P_c)		Wellhead Pressure (P _w) or (P ₁) or (P _c)					
FLOW STREAM ATTRIBUTES Plate oefficient (F _p) (F	Shut-In									psia	†	psia	24			
Plate offsicient offsi	Flow															
Temperature Factor Factor Fig. Company Co				· · · · ·	.		FLOW	STRE	EAM ATTR	IBUTES						
P _e) ² - (P _e) ² = : P _d = (P _e) ² = (P _g) ²	Coeffictient (F _b) (F _p)		Meter or Prover Pressure		Extension	Factor		Тє	Temperature Factor		Factor		(Cubic Fe		,	Fluid Gravity
P _e) ² - (P _e) ² = : P _d = % (P _e - 14.4) + 14.4 = : (P _e) ² = (P _g) ² = (P			<u> </u>			(ODEN EL		=1 17/5	DADII ITV	CALCIII	ATIONS		l_			
P _c) ² · (P _c) ² or p _c) ² · (P _d) ² 1. P _c ² · P _c ² 2. P _c ² · P _c ² 3. I. or 2. and divide by: P _c ² · P _c ² 3. Deliverability 3. Deliverability 4. Antilog 4. Antilog 5. Open Flow Colleverability Equals R x Antilog (Mcfd) Mcfd © 14.65 psia 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 facts stated therein, and that said report is true and correct. Executed this the 29 November 20 10 RECEIVED Witness (if any)	P _c) ² =	<u>;</u>	(P _w) ² :		:	P _d =	J17) (BI		•			:				7
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 facts stated therein, and that said report is true and correct. Executed this the day of November 20 10 RECEIVED Witness (if any) Witness (if any)	$(P_e)^2 - (P_a)^2$ or $(P_e)^2 - (P_d)^2$		(P _e)² - (P _y)²		1. P _e ² -P _e ² 2. P _e ² -P _e ²	formula 1. or 2. and divide p2_p2		2 2	Slope = "n" or Assigned		n x 106		Antilog	Antilog Cquais		erability R x Antilog
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(acts stated therein, and that said report is true and correct. Executed this the 29 day of November 20 10 RECEIVED Witness (if any) DEC 22 20		sione	1 authority o				tatee th	at ha			n maka the	above rece			kaanda	dae of
DEC 27.70													ul E		, 20	10
			Witness	(if any	<i>y</i>)		<u> </u>	_	_	•		For	Company		DEC	2 2 20
			For Comi	missio	on	-		_	_			Che	cked	_22		WICH'

exempt status und and that the foreg correct to the best of equipment insta	er penalty of perjury under the laws of the state of Kansas that I am authorized to request ler Rule K.A.R. 82-3-304 on behalf of the operator WOOLSEY OPERATING CO., LLC going pressure information and statements contained on this application form are true and tof my knowledge and belief based upon available production summaries and lease records allation and/or upon type of completion or upon use being made of the gas well herein named.
	ounds 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 e to supply to the best of my ability any and all supporting documents deemed by Commission y to corroborate this claim for exemption from testing.
	Signature: Caluman. 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.