## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	i:					(	See ins	tructi	ions on Rev	verse Side	)						
☐ Ор	en Flo	w				Test Date	۵۰				ABI	No. 15					
De	liverat	oilty				10/4/10						no. 15 )07-22293 <b>-</b> (	0000				
Company NOOLS		PEF	RATING CO	MF	PANY, LLC		-		Lease FALEN				•	2	Well Nu	ımber	
County Location BARBER 1980' FNL & 865' FWL					Section 4				TWP 34S		RNG (E/W) 13W		A		Acres Attributed		
Field AETNA					Reservoir MISSISSIPPI				Gas Gathering Connection APC								
Completio 3/23/90	on Dai	te				Plug Bac 5063	k Total	Dept			Packer S NONE	Packer Set at NONE					
Casing Si 1.500	ize		Weig 10.5			Internal E 4.052	Internal Diameter 4.052			Set at 5100		Perforations 4900			то 4993		
Tubing Size Weight 2.375 4.70				Internal Diameter 1.995			Set at 4995		Perfor		То						
Type Con SINGLE		n (Do	escribe)	•		Type Flui WATE		ction	1		Pump Un PUMP	it or Traveling ING	Plunge		/ No		
Producing ANNUL	-	(Ani	nulus / Tubir	ıg)		% C	arbon [	Dioxio	e		% Nitroge	en		Gas G	ravity - (	G,	
Vertical D 4985	epth(F	1)			-		F	Press	sure Taps	<b></b>				(Meter	Run) (P	rover) Size	
Pressure	Buildu	•	Snut in	/3/1	2							20					
Well on L	ine:		Started		20	0 at			(AM) (PM)	Taken		20	at			(AM) (PM)	
Static /	0-14	lce	Circle one:		Pressure	Flowing	[		D SURFACE Casi		Ti	ubing	Duratio	n of Shut	-in	Hours	
Dynamic Property	Orifice Size (inches)		Meter Prover Pressure psig (Pm)		Differential in Inches H <sub>2</sub> 0	Temperature 1	Well Head Temperature t		Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>c</sub> ) psig psia		Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>c</sub> ) psig psia		Duration (Hours)		Liquid Produced (Barrets)		
Shut-In					<u> </u>				85		120	psid	24				
Flow																	
	·			_		- <sub>1</sub>	FLOW	STR	EAM ATTRI	BUTES						<del>,</del>	
Plate Coefficient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Pro	Circle one: Meter or Prover Pressure psia		Press Extension ✓ P <sub>m</sub> x h	Grav Fact	tor	Tamasaratura		Fa	iation ctor	Metered Flow R (Mcfd)		GOR (Cubic Fed Barrel)		Flowing Fluid Gravity G <sub>m</sub>	
	į									<u> </u>							
P <sub>c</sub> )² =		<u>_:</u>	(P <sub>w</sub> ) <sup>2</sup> :	= <u> </u>	:	(OPEN FLO	OW) (DE	ELIVI %	ERABILITY) 6 (P	) CALCUL ' <sub>c</sub> - 14.4) +		:			) <sup>2</sup> = 0.2 ) <sup>2</sup> =	207	
$(P_a)^2 - (P_a)^2$ or $(P_a)^2 - (P_a)^2$		(F	(P <sub>o</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>		ose formula 1 or 2: 1. P <sub>o</sub> <sup>2</sup> - P <sub>o</sub> <sup>2</sup> 2. P <sub>o</sub> <sup>2</sup> - P <sub>o</sub> <sup>2</sup> sed by: P <sub>o</sub> <sup>2</sup> - P <sub>o</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide by:		. I I		e = "n" or signed	n x L	00	Ar	Antilog		Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flov					Mcfd @ 14.	65 psia			Deliverabi	ility			Mefd @	14.65 ps	ia		
		igne	d authority.	on b		•	states th	at he			o make the	e above repo		· · ·		edge of	
					report is true						day of No		41141 1	out 119 11		2010 .	
								_	_		$C_{\circ}$	Q	<u> </u>			RECEIV	
			Witness	(if an	y)			-	_			For	отралу	$\overline{}$		DEC 22	
			For Com	missio	on			_	-			Che	ked by	-4		-	

	lare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
exempt s	tatus 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
	nent installation and/or upon type of completion or upon use being made of the gas well herein named.
Ihere	eby request a one-year exemption from open flow testing for the FALEN 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
	is not capable of producing at a daily rate in excess of 250 mcf/D
l furt	her agree to supply to the best of my ability any and all supporting documents deemed by Commission
staff as n	ecessary to corroborate this claim for exemption from testing.
	/29/10
Date: <u>11</u>	
Date: <u>11</u>	Signatura: C. & O. 1.1.
Date: <u>11</u>	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.