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

Type Test:		(See Instructions on Reverse Side) 15-097-20894-00								00-œ				
_ `	Open Flow Deliverability				Test Date:					API No. 15 - 17 20 274				
ompany -		. A I Ma	0400000	of the		Leas	"∕⁄h	ance	 2				Vell Number	
ounty	<u> </u>	Location	nagemer	Section	<u> </u>	TWP		WICE	RNG (E/	W)			Acres Attributed	
ield ,	<u></u>	<u> </u>	NWSW	Reservoir	<u> </u>	3	OS.		Gas Gati	nering Coni	nection		<u></u>	
	re					pian					eok.			
Completion Da	187	7		Plug Back					Packer S	et at	_			
Casing Size	10	Weight		Internal D		•	Set at		Perfo	rations	<del>-</del>	То		
<u> 472"</u>			,5H	Internal D	Viamatar		51 Set at	99'	Dorfor	4958 rations	· ·	309	18'	
ubing Size.	i)	Weight	ı	internar L	иаппенег		510	0'	reno	WH		10		
ype Completic		scribe)		Type Flui	1 1	ction			Pump Un	it or Travelin	g Plunger?	Yes	/ No	
<u>Der+S</u> roducing Thru	(Ann	ulus / Tubing	)	- J. C	arbon D	ioxide			% Nitrog			Gas Gra	ivity - G	
boto					.09			1,5660				.613		
ertical Depth(	H)				P	ressure Ta	ps				(	(Meter F	lun) (Prover) Size	
ressure Build			110 0	011 - I	1.00		DIA) T	<u> </u>			•		/414//514	
	up: s	snut ins_s	1.1.— 21 7.0	. 1) I	ر' احر ما	— @ (M) (	PM)	aken		21	U at		(AM) (PM)	
Vell on Line:		Started	<u>70</u> 20	0 <u>11.</u> at <u>1</u>	(, 1	— Ø (	PM) T	aken		2	0 at _		(AM) (PM)	
					OBSE	RVED SUR	FACE	DATA			Duration	of Shut-i	n 24_ Hour	
Static / Ori		Circle one: Meter	Pressure Differential	Flowing	Well He	l Wall	Casing Wellhead Pressure		Tubing Wellhead Pressure		Durat	Duration	Liquid Produced	
Dynamic Si Property (incl	ze hes)	Prover Pressu psig (Pm)		Temperature t	Tempera 1	(P,	or (P <sub>1</sub> )	or (P <sub>e</sub> )	(P <sub>w</sub> ) or	(P,) or (P,)	(Hou		(Barrels)	
Shut-In		poig (i iii)	monos rigo		ļ <u> </u>	psig ع سے <b>ا</b>		psia	psig	psla				
Flow						155	2				<del> </del>			
Flow					EL 004 (	STREAM A		UTCC		<u> </u>			<u> </u>	
Plate		Circle one:	Press		1	Flowin			. [				Flowing	
Coeffictient (F <sub>b</sub> ) (F <sub>a</sub> )	Pro	Meter or ver Pressure	Extension	Gravity Factor F <sub>g</sub>		Temperature Factor F <sub>f1</sub>		Fa	ation ctor	Metered Fl	I	GOR Cubic Fe	Fluid	
Mcfd		psia	√ P <sub>m</sub> xh					F <sub>pv</sub>		(Mcfd)		Barrel)	G	
									_				PEC 2 8	
				(OPEN FL	OW) (DE	LIVERABI	LITY)	CALCUL	ATIONS			(P )	-K@C WIC	
P <sub>c</sub> ) <sup>2</sup> =	:	(P <sub>w</sub> ) <sup>2</sup> =		P <sub>d</sub> =		%	(P <sub>e</sub>	- 14.4) +	14.4 =	<u> </u>		(P <sub>a</sub> )	- TOO VAIC	
(P <sub>a</sub> ) <sup>2</sup> · (P <sub>a</sub> ) <sup>2</sup>	(F	)2- (P_)2	Choose formula 1 or 2:	LOG		Ba	ckpress Slope	sure Curve	l				Open Flow	
or $(P_a)^2 \cdot (P_a)^2$			2. P. 2. P. 2	formula 1. or 2. and divide   p 2. p 2		2 Assigned		)r	_ n x LOG		Antil	Antilog	Deliverability Equals R x Antilog	
	_		divided by: Pg2 - Pg2	by:	· '	<u> </u>	Standar	d Stope					(Mcfd)	
	ļ								_	• • • • • • • • • • • • • • • • • • • •				
											1			
Open Flow			Mcfd @ 14.	65 psia		Deliv	verabili	ity			Mcfd @ 1	4.65 psi	a	
			n behalf of the					1	make th	61 -	port and that	it he ha	s knowledge of	
						_		L		S			RECEIVED	
		Witness (i	1 влу)							- Fg	у Фотралу		DEC 13 20 CC WICH	
		For Comm	Ission							Čŀ	necked by			

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 Sirolugo I Mounagement Shich 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			
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  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:	exempt status under and that the foregoi correct to the best o of equipment installa I hereby reques gas well on the grou	r Rule K.A.R. 82-3-304 on behalf of the operator Sirolasis Management ing pressure information and statements contained on this application form are trust from knowledge and belief based upon available production summaries and lease relation and/or upon type of completion or upon use being made of the gas well herein not a one-year exemption from open flow testing for the Chance H. I unds that said well:	In C se and scords
staff as necessary to corroborate this claim for exemption from testing.  Date: 12 1 1 1	i	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.	
	•		mmission
RECEIVE	Date: 12/1//	<u>)                                    </u>	
		Signature: President	RECEIVED DEC 2 8 20 KCC WICHI

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.

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