KCC WICHITA

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

the facts s	tated ti	nerei	n, and that sa	ld report is true	e and correc	t. Executed	this the	<u> </u>	day of				²⁰ —— Ceived 2 1 201
	unders	•	•		Company,		•	uthorized t		•	Mcfd @ 14.65 ps		iedge of
Onen Ele				Motel @ 14	CE poio	· · · · · · · · · · · · · · · · · · ·	Dolivoroh	.iiin.			Motel @ 14 SE pe	l la	
(P _e) ² - (P _a) ² or (P _e) ² - (P _a) ²		(P	_a)²- (P _w)²	 P_c² - P_a² P_c² - P_d² 	LOG of formula 1. or 2. and divide by:	b.5- b.5	Slo	pe = "n" - or signed ard Slope	n x l	og _	Antilog	Open Flow Deliverability Equals R x Antil (Mcfd)	
(P _c) ² =		_:_		Choose formula 1 or 2	P _d =	OW) (DELIV	% (F) CALCUL 	14.4 =	: :	-) ² = 0.2) ² =	 -
						.*							
Plate Coefflec (F _b) (F	lent _)		Citcle one: Meter or ver Pressure psia	Press Extension √ P _m xh	Grav Fac	rity 1	Flowing Flowing Flowing Factor Factor Fig.	Dev Fa	iation ctor	Metered Flor R (Mcfd)	w GOR (Cubic F Barrel	eet/	Flowing Fluid Gravity G _m
Flow													
Shut-In			psig (Pm)	Inches H ₂ 0	•	· ·	psig 195	209.4	psig	psia	24	0	
Static / Dynamic Property	Orifi Size	9	Circle one: Meter Prover Pressu		Flowing Temperature t	Well Head	Cas	ing Préssure	Wellhea	ibing d Pressure (P ₁) or (P _e)	Duration of Shut Duration (Hours)	Liqui	d Produced Barrels)
Well on L	ine:		started		V at		D SURFAC			20			
Pressure			Shut in07/1								11 at 11:30		
Vertical D	epth(H	•					sure Taps				2 incl	n mete	
Annulus	3		uius / Tubing		0.0573				21.846		0.664	10	<u> </u>
Type Con Gas			scribe) ulus / Tubing		none	d Production			Pump Uni no % Nitroge	t or Traveling	-	/ No	
Tubing Si	ze		Weight	•	internal E	Diameter	Set a		Perfora		То		
Casing Si 4 1/2			Weight		Internal C	Diameter	Set a		Perfora 1206		то 1212		
Lyons Completic 11/01/19		 9	,			k Total Dept	th		Packer Se		, LLC		
Field			01177		Reservoir Chase (Gas Gath	ering Conni			
County Rice			Location C NW S		Section 1		TWP 19S		RNG (E/V	V)	· · · · · · · · · · · · · · · · · · ·	Acres A	Attributed
Company Gas Cha		Inc.		-			Lease Burdette	 э В			1	Well Nu	mber
_ :	en Floi liverab				Test Date 07/19/1				API N 15-1	√o. 15 59-20628 -	- co- - c c		
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exempt and tha correct of equip	eclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request a status under Rule K.A.R. 82-3-304 on behalf of the operator Gas Chasers, 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 present installation and/or upon type of completion or upon use being made of the gas well herein named. Burdette B #1
	Il on the grounds 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 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.
	05/18/12
	Signature: Kent A. Strube (President)

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.