

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test: (See Instructions on Reverse Side)

Open Flow

Deliverability

Test Date:

API No. 15

15-007-00902-00-00

Company		Lease		Well Number	
Clayton Corp Petroleum & Natural Gas Prod		Amsden		1	
County	Location	Section	TWP	RNG (E/W)	Acres Attributed
BARBER	C SE SE	34	31S	10W	640
Field		Reservoir	Gas Gathering Connection		
Sharon Northwest		Mississippian	ONEOK		
Completion Date		Plug Back Total Depth	Packer Set at		
11-27-57		4511	NA		
Casing Size	Weight	Internal Diameter	Set at	Perforations	To
5 1/2"	14		4466	4440	4465
Tubing Size	Weight	Internal Diameter	Set at	Perforations	To
2 3/8"	4.7		4465		
Type Completion (Describe)		Type Fluid Production	Pump Unit or Traveling Plunger? <input checked="" type="checkbox"/> Yes / No		
Single (Gas)		salt water	pumping unit		
Producing Thru (Annulus / Tubing)		% Carbon Dioxide	% Nitrogen		Gas Gravity - G _s
Annulus					
Vertical Depth(H)		Pressure Taps		(Meter Run) (Prover) Size	

Pressure Buildup Shut in 9-30-11 20 9:00AM (AM) (PM) Taken 10-1-11 20 9:00 AM (AM) (PM)
 Well on Line Started _____ 20 at _____ (AM) (PM) Taken _____ 20 at _____ (AM) (PM)

OBSERVED SURFACE DATA								Duration of Shut-in _____ Hours			
Static / Dynamic Property	Orifice Size (inches)	Circle one Meter Prover Pressure psig (P _m)	Pressure Differential in Inches H ₂ O	Flowing Temperature I	Well Head Temperature I	Casing Wellhead Pressure (P _w) or (P _i) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _i) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-in											
Flow						74					
						138					

FLOW STREAM ATTRIBUTES								
Plate Coefficient (F _p) (F _s) Mcfd	Circle one Meter or Prover Pressure psia	Press Extension $\sqrt{P_m \times h}$	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _{pv}	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _s

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_i)' = _____ (P_w)' = _____ P_g = _____ % (P_c - 14.4) + 14.4 = _____ (P_w)' = 0.207 (P_g)' = _____

(P _i)' - (P _w)' or (P _w)' - (P _w)'	Choose formula 1 or 2: 1 P _i ' - P _w ' 2 P _w ' - P _w ' divided by P _i ' - P _w '	LOG of formula 1 or 2 and divide by: $\frac{P_i' - P_w'}{P_i' - P_w'}$	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 Deliverability 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 the facts stated therein, and that said report is true and correct. Executed this the _____ day of _____, 20 _____.

Witness (if any)

For Commission

Mari D...
For Company

Checked by

RECEIVED

JUN 20 2012

KCC WICHITA

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 Clayton Petroleum & Natural Gas 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 Amsden 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

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: 06/18/2012

Signature: *Mark Dren*

Title: Manager

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.