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

Type Test	t:					(	(See Instruc	tions on Rev	rerse Side	)					
Op	en Flo	w				Test Date	<b>.</b>			ΔĐ	No. 15	,			
Deliverabilty				1-6-10	_		071-20141-00-00								
Company Horseshoe Operating, Inc.				/_¥		Lease Burske	Lease Burske			Well Number					
County Greeley				Location C NW NW NW			Section 2		TWP 20S		RNG (E/W)		Acres Attributed		
Field	<del>-</del>					Reservoi				Gas Ga	thering Connec	ction			
Bradshaw				Winfiel					<u>lidstream</u>						
7/30/77		e e				2890	k Total Dep	th 		Packer	Set at				
Casing Size 4.5			Welght 10.5			internal Diameter 4.052		Set at <b>2894</b>		Perforations 2844		то 2851			
Tubing Size 2.375			Weight 4.7		Inter 1.9		Diameter	Set at <b>2848</b>		Perforations		То			
Type Con		n (De	escribe)			Type Flui	d Production	n	(	Pump	nit or Traveling	Plunger? Yes	/ No		
44 .	Thru VW		nutus / Tubio	ng)	·	% C	arbon Dioxi	ide		% Nitro	gen	Gas Gr	avity - G	0	
Vertical C							Pres	sure Taps				(Meter	Run) (Pro	over) Size	
Pressure	Buildu	p:	Shut in	Z	-5 <sub>2</sub>	0/2 at 2	8:45	(AM)(PM)	Taken	/-	6 20/	12 at 8:4	50	(PM)	
Well on L	ine:		Started		20	) at		(AM) (PM)	Taken		20 .	at	(/	(PM)	
	· · · · · · · ·						OBSERVE	D SURFACE	DATA			Duration of Shut-	In a	4 Hours	
Static /	Orlfl		Citale one: Meter		Pressure Differential	Flowing	Well Head	Casi	_	Į.	Tubing and Pressure	Duration	Liquid	Produced	
Dynamic Property	Size Prover Pressure in		in Inches H <sub>2</sub> 0	Temperature Temperature t		Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>c</sub> )		(ዖ_) ‹	r (P <sub>1</sub> ) or (P <sub>c</sub> )	(Hours)	1 '				
Shut-In	.50	0	pag (FIII)	,	Inches H <sub>2</sub> U			psig	45	psig	psta	24			
Flow															
						,	FLOW STR	EAM ATTRI	BUTES						
Plate		Clicie one: Meter or			Press	Gravity		Flowing	Dev	ation	Metered Flow	GOR		Flowing	
Coeffiecient (F <sub>b</sub> ) (F <sub>p</sub> )		Prover Pressure		Extension ✓ P <sub>m</sub> x h		Fact F	tor	Temperature Factor		ctor	R (Mcfd)	(Cubic Fe Barrel)		Fluid Gravity	
Mcfd			psla		V FMXII		·	F <sub>it</sub>	<u> </u>	pa	(Walty)			G,	
	t		<del></del> .	1		(OPEN FLO	OW) (DELIV	ERABILITY)	CALCUL	ATIONS	<u> </u>	(5)		<del></del>	
(P <sub>c</sub> ) <sup>2</sup> =	_	_:	(P <sub>w</sub> ) <sup>2</sup> :		:	P <sub>d</sub> =		% (P	- 14.4) +	14.4 = _	:	(P <sub>a</sub> )	2 = 0.20 2 =		
(P <sub>c</sub> ) <sup>2</sup> - (P <sub>a</sub> ) <sup>2</sup>		(P <sub>E</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>		Choose formula 1 or 2:				Backpressure Curv		T			Open Flow Deliverability		
(P <sub>E</sub> ) <sup>2</sup> - (F	' <sub>a</sub> )²				2. P <sub>2</sub> - P <sub>2</sub> 2 bd by: P <sub>2</sub> - P <sub>2</sub> 2	1, or 2, and divide by:	P <sub>6</sub> <sup>2</sup> - P <sub>2</sub> <sup>2</sup>		or			Antilog	Equals	R x Antilog	
<u>.</u>	_													<del></del>	
Open Flow Mcfd @ 14.65 ps					 65 psia	psia Deliverability				Mcfd <b>@</b> 14.65 psia					
The u	ndersi	gned	authority, o	on b	ehalf of the	Company, s	tates that h	e is duly au	thorized t	o make t	he above repor	and that he ha	s knowle	edge of	
ne facts st	ated th	ereir	n, and that s	aid :	report is true	and correct	t. Executed	this the _ c	26	day of _	Marc	h 7 · 1	, 2	· 12.	
<del></del>		<u>-</u>	Witness	(If any	)			-	(	Jan	rice to	ipley			
	-		For Com	nissio	n			-		V	Check	and by	-RE	CEIVE	
												-		_,,,	

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	ry under the laws of the state of Kansas that I am authorized to request 3-304 on behalf of the operator Horseshoe Operating, Inc.
and that the foregoing pressure info correct to the best of my knowledge of of equipment installation and/or upor	ormation and statements contained on this application form are true and and belief based upon available production summaries and lease records by type of completion or upon use being made of the gas well herein named.  The production from open flow testing for the Burske 1
gas well on the grounds that said we	dk: 1
	ger lift due to water
is on vacuum at th	ural gas for injection into an oil reservoir undergoing ER ne present time; KCC approval Docket No producing at a daily rate in excess of 250 mcf/D
I further agree to supply to the b staff as necessary to corroborate thi	est of my ability any and all supporting documents deemed by Commission is claim for exemption from testing.
Date: 3-26-/2	
	Signature: <u>Janice Ripley</u> Title: <u>Production Assistant</u>

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.