KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Tes | t: | | | | (| See Instruc | tions on Re | overse Side | ³⁾ \= | 5-145 | -20138 | -00 | 00-0 | |
|---|--------------|------------------|--|---------------------------------------|--|--------------------------|---|---------------------------------------|--|---|-------------------------------|----------------------|---|--|
| Open Flow | | | | Test Date | Test Date: | | | | | | | | | |
| De | liverab | ilty | | | Novem | ber 11, 2 | 2011 | | | | | <u> </u> | | |
| Company Trans P | | Oil C | Согр. | | | | Lease Gailieri | | | | | Well No 1 | | |
| | | | Locati C of W | on 2 SW SE | Section 35 | | TWP 22S | | | /W) | | Acres | Attributed | |
| Fleid Shady | | | | Reservoir Mississippian | | | | | thering Conn Energy | ection | | | | |
| Completi 2/70 | on Dat | e | | | Plug Back Total Depti 4049' | | oth | h Pack Nor | | Set at | | | | |
| Casing S 4-1/2" | Size | | Weigh 9.5# | Internal Diameter 4" | | Set at 4073' | | Perforations 3941' | | то '3948' | | • | | |
| Tubing Size 2-3/8" | | | Weigh 4.7# | t | Internal Diameter 1.995" | | Set at 3965 ' | | Perforations None | | То | | | |
| Type Cor Single | mpletio | n (Describe) | | | Type Fluid Production Salt Water | | n | | | ump Unit or Traveling Plunger Pumping Unit | | er? Yes / No | | |
| | _ | (An | nulus / Tubin | j) | % C | arbon Diox | de | | % Nitrog | jen | Gas Gr | avity - | G, | |
| Annulu: Vertical E | - | 41/ | | | | Pros | sure Taps | | | | (Meter | Buol /E | Prover) Size | |
| TOTAL L | opan(i | ' | | | | , 100 | Josefo Tapo | | | | (1410101 | i idiiy (i | 10101) 0120 | |
| Pressure | Buildu | p: | Shut in No | / 10 2 | 0 11 at 1 | 1:00 AM | . (AM) (PM) | Taken_N | ov 10 | 20 | 11 at 11:00 | АМ | (AM) (PM) | |
| Well on L | _ine: | | Started | 2 | 0 at | | . (AM) (PM) | Taken | | 20 | at | <u></u> | (AM) (PM) | |
| . . | | | | | | OBSERVE | ED SURFAC | E DATA | | | Duration of Shut- | in 24 | Hours | |
| Static / Oriflo Dynamic Size Property (inche | | | Gircle one: Meter Prover Pressu | Pressure Differential in | Flowing Temperature | Well Head Temperature | Wellhead | Casing Wellhead Pressure | | Tubing ead Pressure | Duration (Hours) | , | Liquid Produced (Barrels) | |
| | | nes) psig (Pm) | | Inches H ₂ 0 | t t | | (P _w) or (P _t) or (P _e) psig psia | | (P _w) or (P _t) or (P _g) psig psia | | (Flours) | | (Sulling) | |
| Shut-In | | | | | | | 55.0 | 69.4 | | | 24 | | | |
| Flow | | | | | | | | | | | | | | |
| | | | | <u>,</u> | · • | FLOW STI | REAM ATT | RIBUTES | | | | | | |
| Plate Coefflecient (F _b) (F _p) Mcfd | | Pro | Circle one: Meter or over Pressure psia | Press Extension Pmxh | Grav Fac | tor | Flowing Temperature Factor F _{f1} | Fé | riation actor = pv | Metered Flow R (Mcfd) | v GOR (Cubic Fe Barrel) | | Flowing Fluid Gravity G _m | |
| | | | | | | | | | | | | | | |
| (P _c)² = | | | (P _w) ² = | | (OPEN FL | • • | /ERABILITY % (| /) CALCUL P _a - 14.4) + | | | (P _a) | i ² = 0.2 | 207 | |
| (P _a)*- (| P.)1 | <u>- ·</u> (F | 2)2- (P_)2 | Chaose formula 1 or 2 | LOG of | <u> </u> | Backpr | essure Curve | , | | \ a | 0 | pen Flow | |
| or (P _p) ² - (P _g) ² | | | | 2. Pg² - Pg² dhided by: Pg² - Pg | 2. P ² · P ² d 1. or 2. and divide by: P ² · P ² by: | | Α. | Assigned Standard Slope | | roe | Antilog | Equal | Deliverability Equals R x Antilog (Mcfd) | |
| | | | | | <u> </u> | | | | | | | <u> </u> | | |
| Open Flow | | | | | i5 osia | | Dalivara | Deliverability | | | Mcfd @ 14.65 ps | ļ | | |
| | | 1 | | | , | | | - | | | | | | |
| | | - | • | n benait of the aid report is true | | | | | o make ti day of <u>N</u> | • | rt and that he ha | | 20 <u>12</u> | |
| | | | | · | · · · · · · · · · · · · · · · · · · · | | · | | Z | - Fel | ulb | RF | CFIVE | |
| | | | Witness (| i any; | | | | | | For C | Company | • • | | |
| | | - | For Corner | ission | | | | | * | Che | cked by | MAI | R 0.5 20 | |

| l de | clare 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 Trans Pacific Oil Corp |
| | t 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 equip | ment installation and/or upon type of completion or upon use being made of the gas well herein named. |
| l he | reby request a one-year exemption from open flow testing for the Galliert #1 |
| gas wel | 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 fu | rther 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: <u>3</u> | V/1/12 |
| Date | |
| | |
| | |
| | |
| | Signature: Ja Full |
| | Title: Production Foreman |
| | 1100 |

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.

RECEIVED

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