KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Chesapeake Operating, Inc. Chesapeake Operating, Inc. County Location Amilton C SW NE 18 23S 40W Reservoir Gas Gathering Connection OneOk Energy Services Completion Date B8/28/63 Casing Size Weight Linternal Diameter	Type Test	:				(-	See Instruc	ctions on Re	verse Side	r)				
Deliverability						Test Date):			API	No. 15			
Thesepeake Operating, Inc. Void	Del	iverabilty	/				-			07	5-00136 - 0	00-00		
Hamilton C SW NE 18 23S 40W 18 23S 40W 18 23S 40W 18 23S 40W 18 23S 25S 25	Company Chesap		Operating,	Inc.									Well Nu	mber
1.995 2530									/W)					
1.995 2530				·		Winfiel	d				•			RECEN
1.995 2530	•					•	k Total Der	oth		Packer 5	Set at			SEP 07
1.995 2530					Diameter						20 KCC W			
Single Gas Water Pump Unit Provided Pump Unit Producing Thru (Annulus / Tubing) % Carbon Dioxide % Nitrogen Gas Gravity - General Pump Unit Gas Gravity - General Pump Unit Provided % Nitrogen Gas Gravity - General Pump Unit Gas Gravity - General Gravity - Genera	•				Diameter		2530		rations	То				
Pressure	Single C	3as				Water				Pump Unit				
Pressure Buildup: Shut In	-		Annulus / Tubi	ng)		% C	arbon Diox	kide		% Nitrog	jen	Gas Gra	avity - (3,
State 20 at (AM) (PM) Taken 20 at (AM) (PM) (PM) (PM) (PM) (PM) Taken 20 at (AM) (PM) (PM) (PM) (PM) (PM) (PM) (PM) (P						•	Pres	ssure Taps				(Meter F	Run) (P	rover) Size
Static / Orifice Meter Property (Inches) Plate Prover Pressure Pressure Prover Pressure P				20	12 at 7	:00	(AM) (PM)	M) (PM) Taken 8/1		20	0 12 at 7:00 (/		(AM) (PM)	
Static / Orifice Size	Well on Li	ine:	Started		20) at		(AM) (PM)	Taken		20	_ at	((AM) (PM)
Static Orifice Meter Prover Pressure Press Press Press Pressure Press Press Pressure P							OBSERV	ED SURFAC	E DATA			Duration of Shut-	in 24	Hours
Shut-In 54 68.4 0 14.4 24 Flow 54 68.4 0 14.4 24 Flow STREAM ATTRIBUTES Flowing Temperature Factor F	Static / Dynamic Property	Orifice Meter Size Prover Pres		Differe	ntial	Temperature	Temperature	Wellhead Pressure (P_u) or (P_t) or (P_c)		Wellhe	ead Pressure or (P _t) or (P _c)		1 '	
FLOW STREAM ATTRIBUTES Plate Coefficient (F _p) (F _p) Mcfd Provar Pressure psia Coefficient (F _p) (F _p) Mcfd Coefficient (F _p) (Mcfd Coefficient (F _p) (F _p) (Mcfd Coefficient (F _p) (Mcfd Coefficie	Shut-In							-1:		i —		24	<u> </u>	
Plate Codflecient Meter or Meter or Prover Prassure psia (Pp.) (Fp.) (Fp.) (Fp.) (Fp.) (Fp.) (Mcld) (OPEN FLOW) (DELIVERABILITY) CALCULATIONS (Pp.) 2 = (Pp.) 2 (Pp.) 2	Flow													
Coefficient (F _p) (F _p) Retror psia Prover Pressure psia Prover Prover Pressure Pressure Prover Prover Pressure Pressure Prover Pressure Prover Pressure Pressure Prover Prover Pressure Pressure Pressure Prover Prover Pressure Pressure Prover Prover Pressure Pressure Pressure Pressure Prover Prover Pressure Pressure Prover Prover Pressure Pressure Pressure Pressure Prover Prover Pressure				1		····	FLOW ST	REAM ATTR	RIBUTES					
P _c) ² = : (P _w) ² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² =	Coeffici	,) /	Meter or Prover Pressure	Extens	ion	Fact	tor	Temperature Factor	Fa	ctor	R	R (Cubic Fe		Fluid Gravity
P _c) ² = : (P _w) ² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² =						(ODEN 51)	040 (DEL 8	VEDARU ITV		4710MG				<u></u> j
Open Flow Mcfd © 14.65 psia Deliverability 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 etacts stated therein, and that said report is true and correct. Executed this the 6 day of September 1. Pg. 2-Pg. LOG of tormula 1. or 2. and divide Signed	°c)2 =	 , -	: (P _w)²		<u>.</u> :									
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 e facts stated therein, and that said report is true and correct. Executed this the 6 day of September , 20 12			(P _a) ² - (P _w) ²	1. P _e ² -1	1. P ² -P ² LOG of formula 2. P ² -P ² 1. or 2. and divide		Slope : or Assig		pe = "n" - or ssigned	1,,	LOG	Antilog De		iverability i R x Antilog
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Witness (if any) For Company	The u	ındersigr		on behalf o	the	Company, s		he is duly a	uthorized t		ne above repo	rt and that he ha	s know	_
· · · · · · · · · · · · · · · · · · ·	- 		Witness	s (if any)			·	-			For C	опрапу		
For Commission Checked by														****

SEP 07 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 Chesapeake Operating, Inc
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 Wolf 1-18
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
To not dapaste of producing at a daily rate in excess of 250 mens
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: _9/6/12
Signature: Matha Dowbre
Title: Aletha Dewbre, Regulatory Specialist I

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.