KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST (See Instructions on Reverse Side)

Type Test:

_	en Flo iverab				Test Date 9/21/12) :					l No. 15 ·119-21277-	00-00			
Company O'BRIEN		RGY RES	OURC	ES CORP.	•			Lease VAIL				1-30			
County Location MEAD SW SW			Section 30			TWP 33S				Acres At RECEIV Bection SEP 2 7 2 KCC WICHI					
Field SINGLEY				Reservoir MORROW					Gas Ga DCP	thering Conr	SEP 27 2				
Completion Date 2-14-11				Plug Back Total Depth 6310				Packer Set at 5755				KCC WICL			
Casing Size Weight				Internal Diameter 4.000				Set at Perforations 6348 5816-5838			To 5860-5876				
	ubing Size Weight 2.375 4.7				Internal Diameter 1.995			Set a	Set at Perforations 5755			То			
Type Completion (Describe) SINGLE GAS				Type Fluid Production COND.				Pump Unit or Traveling I NO				s / No			
Producing Thru (Annulus / Tubing) TUBING				% Carbon Dioxide						Gas Gravity - G 0.673					
Vertical Depth(H) 5846						ressui LANC	re Taps GE	aps			(Meter Run) (Prover) Size 3.068"				
Pressure Vell on Li		•		/12 ₂₀) at) at							1530 at 1530		(AM) (PM) (AM) (PM)	
						OBSE	RVED	SURFACE	DATA			Duration of Shi	_{st-in} 72	.0 Hours	
Static / Dynamic Property	Orifl Siz (inch	6 Prover	e one: eter Pressur		Flowing Well Here Temperature Temperature		ad	Casi Wellhead F (P,) or (P,	ng Pressure	Wellh	Tubing ead Pressure or (P ₁) or (P _c)			eld Produced (Barrels)	
Shut-In		perg	(Pm)	Inches H ₂ 0				psig	psia	98ig 302.6	95ia 317.0	72.0			
Flow	1.75	67.5		6.4	79	75				162.9	177.3	24.0	0		
· · ·		1,				FLOW	STREA	AM ATTRI	BUTES						
Plate Coefficcient (F _b) (F _p) Mold		Circle one: Meter or Prover Pressure psia		Press Extension Pmxh	Extension Fac		' Tomografura		Deviation Factor F _p ,		Metered Fig R (Mcfd)	(Cubic	GOR (Cubic Feet/ Barrel)		
16.0088		81.90	81.90 2		1.219	219 0.9		9822 1.007			441.9	NONE	NONE		
_e)² =1(00.5	_: ([⊃] *)² =_	35.8	(OPEN FL	OW) (DE 59.7	LIVER		CALCUL - 14.4) +		<u>317.0</u> :		(a) ² = 0.	207	
or	$(P_e)^2 - (P_u)^2$ or $(P_e)^2 - (P_d)^2$		Choose formula 1 or 2: 1. P _a ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _d ²		LOG of formula 1. or 2. and divide by:			Slop Ass	sure Curve e = "n" or igned ird Slope	пх	rog	Antilog	De	Open Flow Deliverability Equals R x Antilog (Mcfd)	
100.28		64.65 1		1.551 0.1906		3 1.0		1.000	000		906	1.5511 68		.45	
pen Flow 685			Mcfd @ 14.65 psia				Deliverability			Mcfd @ 14.65	Mcfd @ 14.65 psia				
				behalf of the							he above rep SEPTEMBEI	ort and that he		wledge of 20 12 .	
Lo.	0 <u>u</u>					CXBCL		ule <u></u>	Pa	2015/				· <u></u>	
Cop	g H	o KC	itness (if	Withi's	2/4,		_	-		7	Mart	Company Sked by	2		

l declare u	nder penalty of perjury under the laws of the state of Kansas that I am authorized to request
exempt status u	inder Rule K.A.R. 82-3-304 on behalf of the operator
and that the fo	regoing pressure information and statements contained on this application form are true and
correct to the b	est of my knowledge and belief based upon available production summaries and lease records
of equipment in	stallation and/or upon type of completion or upon use being made of the gas well herein named.
I hereby re	quest a one-year exemption from open flow testing for the
gas well on the	grounds that said well:
(Che	ack 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
Ē	is not capable of producing at a daily rate in excess of 250 mcf/D
_	ree to supply to the best of my ability any and all supporting documents deemed by Commissio ary to corroborate this claim for exemption from testing.
Date:	
	Signature:
	Signature:

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.