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

Type Test:					(5	See Instru	ctions -	on Heve	rse Side)						
Open Flow										API No	o. 15				
Deli	verabilty	•			Test Date: 7-/8-/	2				15-0	75-206020	000			
Company Horseshoe Operating, Inc.							_{ase} Idon				1	Well No			
County Location Hamilton NE/NE			Section 12				TWP 23S		RNG (E/W) 41W			Acres Attributed 320			
Field NE/NE			Reservoir					Gas Gathering Connect			tion				
Bradshaw				Winfield						4 - 4	dstream				
Completion Date 6-23-1996				Plug Back Total Depth 2561			P		Packer Set at						
Casing Si	asing Size Weight				iameter	neter Set at 2567			Perforations 2525		To 2534				
	bing Size Weight			Internal Diameter 2.0000			Set at			Perforations		То	То		
Type Completion (Describe)				Type Fluid Production Water				Pump Unit or Traveling I			Plunger? Yes / No				
Single gas Producing Thru (Annulus / Tubing)					% Carbon Dioxide			% Nitrogen			Gas Gravity - G _g				
Casing Vertical Depth(H)					Pressure Taps					(Meter Run) (Prover) S				Prover) Size	
verticas D 2 573	epin(n)					Fla	inde	•							
Pressure Buildup: Shut in			7-/7 20/2 at 8		8:00	8:00 (AM) (PM)		aken 7-/8		20/	2 at 8,"	00	(PM)		
Well on Li	ine:	Started										at		_ (AM) (PM)	
						OPCED	/ED SI	URFACE	DATA		[Ouration of Shu	t-in	24 Hours	
Static /	Orifice Size	Circle one: Meter Proyer Pressure		Pressure Differential	Flowing Temperature	Well Hea	Head Wellho		ng ressure) or (P _c)	Tubing Wellhead Pressure (P_w) or (P_t) or (P_c)		Duration (Hours)		Liquid Produced (Barrels)	
Property	(inches	psig (Pr		Inches H ₂ 0	t	t		psig	psia	psig	psia				
Shut-In	.150	0							51			24	_ _		
Flow															
						FLOW S	TREA	M ATTRI	BUTES						
Plate Coefficient (F _b) (F _p) Mofd		Circle one: Meter or Prover Pressure psia		Press Extension P _m xh	Fac	Gravity Factor F ₉		···		eviation Metered Flor Factor R F _{ov} (Mcfd)		w GOR (Cubic Fee Barrel)		Flowing Fluid Gravity G _m	
(P _c) ² =		· (P)	2 <u>_</u>		(OPEN FL		LIVERA %		CALCUI		:		$(a_{d})^{2} = 0$ $(a_{d})^{2} = 0$).207	
(P _c) ² - (I		(P _c) ² - (P _w) ²		ose formula 1 or 2 1. P _c ² - P _d ² 2. P _c ² - P _d ² ded by: P _c ² - P _d ²	LOG of formula 1. or 2. and divide D 2. D		Backpres Slop		ssure Curv pe = "n" - or signed ard Slope	n x LOG	og [Antilog	. 0	Open Flow Deliverability Equals R x Antilog (Mcfd)	
							=								
Open Flo	w			Mcfd @ 14	65 psia	•	Γ	Deliverab	oility			Mcfd @ 14.65	osia		
									uthorized		e above repo	rt and that he	has kn	owledge of	
he facts s	tated the	erein, and tha	t said	report is true	and correc	ct. Execu	ted this	s the	0	_ day of	nou.	1.	<u> </u>	RECEIV	
<u> </u>		Witne	es (if ar	ny)			-	-	-	enicl	KY	Sompany J	· 	OCT 1 1	
							_	_	U		· Ob	Cked by			
		For Co	ommissi	on							Chec	cked by	ŧ	KCC WIG	

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 Horseshoe 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 Eldon #1 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:
Signature: <u>Anice 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.