KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				((See Instruc	tions on Re	verse Sid	e)				
	en Flow	w			Test Bate	e; n			API	No. 15	· ~~ ~~	_	
	liverabilt	у			7-/8-	12_	1,000		15-	0/1-20015	;_ <i>c</i> o-co		ımber
Company Horseshoe Operating, Inc.			Lease Edmun				Well Number 1						
County Location Greeley C NW/4			Section		TWP 19S		RNG (E/W) 40W			Acres Attributed			
^{Field} Bradsh	2W			·- ·-	Reservoi	7				hering Conne Lidstream			
Completion Date				l owandla Plug Back Total Depth				Packer Set at					
2/7/73			2902 Internal Diameter Set				None	rations	To	То			
4.5	Casing Size Weight 1.5 10.5				4.09		Set at 2905		2880		2890		
Tubing Si 2.375	ubing Size Weight				Internal 0 1.995	Diameter	Set at 2900		Perforations		To		
Type Completion (Describe) Single Gas				Type Fluid Production Water			Pump Unit or Traveling Plunger? Yes / No Yes						
- e		Annulus / Tut	oing)		% C	Carbon Diox	ide		% Nitrog	en	Gas G	ravity - (3,
Vertical D	V <i>U.</i> /	U5				Pres	sure Taps				(Meter	Run) (P	rover) Size
2874	~~~~~			_			ange	•			·	<i>3</i> "	
Pressure	Buildup:	Shut in	7	-17 2	0 12 at 1				7-10	20/	12 at 12.	30	(AM) (PM)
Well on Li	ine:	Started		2) at		(AM) (PM)	Taken		20	at		(AM) (PM)
						OBSERVE	D SURFAC	E DATA		<u></u>	Duration of Shu	t-in	24 Hours
Static /	Orifice	ifice Circle one:		Pressure	ssure Flowing		Cas	sing		ubling ad Pressure Duration		Liquid Produced	
Dynamic Property	Size (Inches	thes) Prover Pressu		I I		Temperature t	Wellhead Pressure (P _w) or (P _t) or (P _c)			r (P ₁) or (P ₂)	(Hours)	(Barrels)	
Shut-In	.62	psig (Pm)		Inches H ₂ 0	<u>-</u>		psig	psig psia		psia	24	-	
Flow							-	7.0					
						FLOW ST	REAM ATTR	IBUTES	_1				
Plate Coeffiecie (F _b) (F _p Mcfd		Circle one: Meter or Prover Pressure psia		Press Grav Extension Fact ✓ P _m xh F _c		tor Temperatur		Deviation Factor F _{pv}		Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m
		ng k-g-					 						
P _c) ² =		: (P _w)	² =	:	(OPEN FLO		/ERABILITY % (F	') CALCU P _e - 14.4)		:		() ² = 0.2 () ² =	207
(P _c) ² - (P or (P _c) ² - (P		(P _c)² - (P _w)²		1, P ² -P ² LOG of formula 2, P ² -P ² 1, or 2.		SI		essure Curve pe = "n" n x esigned		LOG	Antilog	De	pen Flow liverability s R x Antilog
(F ₆) (F	a)		divid	led by: $P_c^2 - P_w^2$	and divide by:	P _c ² -P _w ²		lard Slope					(Mcfd)
Open Flow				Mcfd @ 14.6	35 fosia *	•	Deliverat	oility			Mcfd @ 14.65 p	sia	
The u	ndersign			ehalf of the	Company, s		ne is duly a		to make t	he above repo	ort and that he l		vledge of
e iacis si	aleu ine	rein, and that	said	18 1119 IS 1119	and correct	ı. ⊏xecutec	ı ınıs ine		anc	1).	illen	F	RECEIVE
		Witnes	s (if any	n			-	1	win	For	Company	U	CT 11;
		For Co	mmissic	ภา			-	<u> </u>		Che	cked by		<u> </u>

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 Edmun 1 gas well on the grounds that said well:
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: 10-8-12
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.