KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:: ,				(See Instruct	ions on Re	verse Side)			
	en Flo liverab				Test Date 8/10/12					No. 15 31-21673-0	000	:
Company		<u> </u>	<u> </u>				Lease TILLE		:		···	Well Number
County			Locatio SW SV		Section 27		TWP 30S		RNG (E	W)		Acres Attributed
Field		:		· Ovv	Reservoir MORR		- 000			thering Conn	ection	
Completic 9/21/06		е				k Total Dept	h		Packer S	Set at	 ,	
Casing S 4 1/2"	ize		Weight	:	Internal [Diameter	Set : 569		Perfo	rations 8'	To 5426'	
Tubing Si 2 3/8"	ize		Weight 4.7		Internal I	Diameter	Set / 535		Perfo	orations	То	· · · · · · · · · · · · · · · · · · ·
Type Con			escribe)		Type Flui	d Production	1 .		Pump U NO	nit or Traveling	Plunger? Yes	/ No
Producing		(Anr	nulus / Tubing)	% C	arbon Dioxi	de		% Nitrog	jen	Gas Gr	avity - G _g
Vertical E	epth(F	1)	: :		:	Pres	sure Taps	· · · · · ·		:	(Meter I	Run) (Prover) Size
Pressure	Buildu	p:	Shut in 8/9/	2	12 at 8	A.M.	(AM) (PM)	Taken. 8/	10/	20	12 at 8 A.M.	(AM) (PM)
Well on L	.ine:		Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)
						OBSERVE	D SURFAC	E DATA			Duration of Shut-	in_24Hours
Static / Dynamic Property	Orifi Siz (inch	е	Circle ene: Meter Prover Pressu: psig (Pm)	Pressure Differential in Inches H ₂ 0	Flowing Temperature t	Well Head Temperature t	Wellhead (P _w) or (F	Pressure	Wellhe	Tubing ead Pressure or (P _t) or (P _c) psia	Duration (Hours)	Liquid Produced (Barrels)
Shut-In			Poig (, 711)	illiando 11 ₂ 0			psig 220	psia	psig	psia	24	
Flow												
·						FLOW STR	EAM ATTR	IBUTES			-	
Plate Coeffied (F _b) (F Mofe	ient ,)	Pro	Circle one: Meter or over Pressure psia	Press Extension P _m xh	Gran Fac F	tor 1	Flowing femperature Factor F _{rr}	Fa	lation ctor : pv	Metered Flow R (Mcfd)	v GOR (Cubic Fe Barrel)	Gravity
								<u> </u>				
					•	OW) (DELIV	* 1	•				² = 0.207
(P _c) ² =		<u> </u>	(P _w) ² =	Chases formula 1 or 1	P _d =		T	P _c - 14.4) +		 :	(P _e)	<u>'=</u>
(P _c) ² - (or (P _c) ² - (•	(F	P _c) ² - (P _w) ²	1. P _c ² -P _c ² 2. P _c ² -P _c ²	LOG of formula 1. or 2.		Slo	essure Curve pe = "n" - or ssigned		LOG	Antilog	Open Flow Deliverability Equals R x Antilog
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'a/ :			strided by: Pc2-P		P.2. P.2		lard Slope	1			(Mcfd)
Open Flo	ow.			Mcfd @ 14	.65 psia	· · · · · · · · · · · · · · · · · · ·	Deliveral	oility			Mcfd @ 14.65 psi	i:
		igne	d authority, or			states that h	e is duly a	uthorized t	o make t	he above repo	rt and that he ha	s knowledge of
the facts s	tated i	here	in, and that sa	id report is tru	e and corre	t. Executed	this the 1	9TH	day of _	IOVEMBER		20 _12
	:		Witness (if	i envi	B-737	77.77 "C <u>PAROORP</u> O"	nicherie Voorbeiter	Br	ett ·	Blep	Company	: <u>:</u>
<u> </u>	: :		For Comm			_NOV	2 1 2012				cked by	<u> </u>

	·				
	, ,		aws of the state of		authorized to request
					tion form are true and
_	₹		1.5		
*	-	-			ries and lease records
					as well herein named.
		•	oen flow testing for	the T	
gas well on the gr	ounds that sai	d well:			
(Check	one)		:	· .	
(0,000)		methane producer			
듬		plunger lift due to			
片				eservoir undergoin	a ER
믐				ocket No	
片			*		
\\ \	is not capaul	e or producing at a	a daily rate in exce	55 OI 230 IIICI/D	
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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.