KCC WICHITA

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:					(See Instruc	tions on Re	verse Side)					
Ope	en Flov	~			Test Date	a.			ΔΡΙ	No. 15				
Deli	iverab	ilty			11/28/						239-0000			
Company Trans Pa		Oil C	orp.				Lease Leiss					Well Nun 1		
County Location Kiowa C of SW SV				Section 13		TWP 27S			W)		Acres Attributed			
Field Greensburg				Reservoir Mississippian				Gas Gat	hering Conn ONEOK	ection				
Completion Date 7/10/74					Plug Back Total Depth 4769'		th	1		Set at				
Casing Size 3-1/2"			Weight 9.2#		Internal Diameter 3"		Set at 4789'		Perforations 4720"		то 4726'			
Tubing Size			Weight		Internal Diameter		Set at 4705		Perforations None		То			
Type Completion (Describe) Single				Type Fluid Production Salt Water				Pump Unit or Traveling Plunger? Yes / No Pumping Unit						
Producing		(Anr	nulus / Tubin	g)		Carbon Diox		 	% Nitrog		Gas G	ravity - G	9	
Annulus Vertical De		l)				Pres Flan	ssure Taps				(Meter 2,067		over) Size	
Pressure E	Buildu	n	Shut in 11	/27 2	0 12 _{at} 1			Taken 11	1/28	20	12 _{at} 10:45		AM) (PM)	
Well on Li											at		, , ,	
			· · · <u>- · · · · · · · · · · · · · · · ·</u>			OBSERVE	D SURFAC	E DATA		<u>,,</u>	Duration of Shut	-in 24	Hours	
Static / Dynamic Property	ynamic Size		Circle one: Meter Prover Press		iemperature lempera		ture (P _w) or (P ₁) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)	1 *	Liquid Produced (Barrels)	
Shut-In			psig (Pm)	Inches H ₂ 0			450.0	464.4	psig	psia	24			
Flow														
						FLOW ST	REAM ATTR	RIBUTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension	Gravity Factor F _g		Flowing Temperature Factor F ₁	Fa	riation actor = pv	Metered Flor R (Mcfd)	w GOR (Cubic Fo Barrel		Flowing Fluid Gravity G _m	
		•			(OPEN FL	OW) (DELI	/ERABILITY	r) CALCUL	ATIONS		(P) ² = 0.20		
(P _c) ² =		<u>-:</u> _	(P _w) ² :		P _d =		% (P _c - 14.4) +	14.4 = _	<u> </u>) ^z =		
(P _c) ² - (P or (P _c) ² - (P	•			1. P _c ² · P _a ² 2. P _c ² · P _d ² divided by: P _c ² · P _c ²	2. P _c ² -P _d ² 1. or 2. and divide		Backpre Slo		n x	rog	Antilog	Deliv Equals	en Flow verability R x Antilog Mcfd)	
Open Flov	w		·	Mcfd @ 14	65 psia		Delivera	bility			Mcfd ② 14.65 ps	sia		
The u	unders	igne	d authority, o	on behalf of the	Company,	states that	he is duly a	uthorized t	to make t	he above repo	ort and that he h			
he facts st	tated t	herei	in, and that s	said report is tru	e and correc	ct. Execute	d this the $\frac{2}{}$	27th	day of _F	ebruary) / .	× · ²	20 13	
			Witness	(if any))a	us fl	Ulas U	<u>く)</u> R	ECEIVI	
												1,1		

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 Trans Pacific Oil Corp 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 Leiss #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: 2/27/13 Signature: Signature factors Mar.
Title: Operations Mgr

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.

MAR 0 6 2013

KCC WICHITA