## Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test	:				(	See Instruct	tions on Re	verse Side	?)					
□ Ор	en Flo	w			Took Date				A DI 1	do 15				
Deliverabilty				Test Date 12/11/13			API No. 15 15-095-21737-00-00							
Company Oil Producers,Inc. of Kansas					Lease Dunkell	Lease Dunkelberger B				Well Number 2				
County Kingman		,	Locati C/NW/		Section 14		TWP 30S		RNG (E/W) 7W		Acres Attributed		Attributed	
Field Spivey Grabs				Reservoir Miss/Ch				Gas Gath Oneok	ering Conne	ection				
Completion Date 12/11/97				Plug Back Total Dept			th		Packer Set at none					
Casing Size			Weigh	nt	Internal Diameter			Set at 4228		Perforations 4096		то 4136		
Tubing Size 2.875			Weigh	it	Internal Diameter		Set	Set at 4124		Perforations		То		
Type Completion (Describe)				Type Flui	d Production				_	ng Plunger? Yes / No				
single Producing Thru (Annulus / Tubing)				er Carbon Dioxi	de			Nitrogen		Gas Gravity - G				
annulus	-	`		<i>51</i>								,	Q	
Vertical D	epth(l	<del>1</del> )				Pres	sure Taps		*		(Me	ter Run) (i	Prover) Size	
Pressure	Buildu	ıp:	Shut in	10 2	0_12_at_1	1:15 am	(AM) (PM)	Taken_12	2/11	20	12 at 11:	5 am	(AM) (PM)	
Well on L	.ine:		Started	2	D at		(AM) (PM)	Taken		20	at	<del></del>	. (AM) (PM)	
						OBSERVE	D SURFAC	E DATA			Duration of S	hut-in_24	Hours	
Static / Orifice Dynamic Size		e	Circle one: Meter Prover Pressi	Pressure Differential in	Temperature Ter	f '	Wellhead	Casing Wellhead Pressure $(P_w)$ or $(P_l)$ or $(P_c)$		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>c</sub> )		Liqu	Liquid Produced (Barrels)	
Shut-In	Property (inche		psig (Pm)	Inches H <sub>2</sub> 0	t	<u> </u>	psig 61.3	psia 75.7	psig	psia	24			
			<u> </u>				01.3	75.7				_		
Flow			<u> </u>			EL OW OTE		HOUTEO	<u> </u>	]				
Plate			Circle one:			FLOW STA	Flowing	UBOLES				· · · · · · · · · · · · · · · · · · ·	Flowing	
Coeffictient (F <sub>b</sub> ) (F <sub>p</sub> ) Mofd		Meter or Prover Pressure psia		Press Extension ✓ P <sub>m</sub> xh	Grav Fact F <sub>c</sub>	tor	Temperature Factor F <sub>11</sub>		riation actor = pv	Metered Flov R (Mcfd)	(Cubi	OR c Feet/ rrel)	Flowing Fluid Gravity G <sub>m</sub>	
	l		<del></del>		(OPEN EL	OW) (DELIV	FDARII ITV	CALCIII	ATIONS					
(P <sub>c</sub> ) <sup>2</sup> =		_:	(P <sub>w</sub> ) <sup>2</sup> =	:	P <sub>d</sub> =			) CALCOL		<u> </u>		$(P_a)^2 = 0.$ $(P_d)^2 = $	207	
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P	P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2:  1. P <sub>c</sub> <sup>2</sup> - P <sub>s</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>s</sub> <sup>2</sup>	P <sub>c</sub> <sup>2</sup> P <sub>a</sub> <sup>2</sup> LOG of formula P <sub>c</sub> <sup>2</sup> P <sub>d</sub> <sup>2</sup> 1. or 2.		Backpress Slopeo Pc-Pw Assig Standare		l n x Le	og [	Antilog	De	Open Flow eliverability Is R x Antilog (Mcfd)	
				5,7,002 by. 1 c 1 w		اسمي سيا	1							
				1.00										
Open Flor	W			Mcfd @ 14.	65 psia		Deliverat	ility			Mcfd @ 14.65	psia		
The u	unders	igned	l authority, o	n behalf of the	Company, s	tates that h	e is duly au	uthorized t			rt and that he	has kno	wledge of	
the facts st	tated t	herei	n, and that sa	aid report is true	and correct	t. Executed	this the 12	2th	day of De	cember			20 12	
			Witness (I	fany)	<del></del>		-		Sly Uny	Eller	ompany		EIVED	
			For Comm				-		UM4.		ked by		5 2013	
											K	CC N	<b>VICHITA</b>	

exempt status und and that the fore correct to the best of equipment inst	der Rule K.A.R. 82-3-304 on behalf of the operator Oil Producers, Inc. of Kansas going pressure information and statements contained on this application form are true and at of my knowledge and belief based upon available production summaries and lease records allation and/or upon type of completion or upon use being made of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the state of the gas well herein named.  The section of the section of the state of the gas well herein named.  The section of the section
_	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 se to supply to the best of my ability any and all supporting documents deemed by Commission by to corroborate this claim for exemption from testing.
Date: 12/12/12	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 ne 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.