KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type rest:					(See mstruc	cuons on A	everse Sid	ie)					
_ :	r Flow erabilty			Test Dat 12/13/1					No. 15 -00 7- 0052	5-00-00			
Company Oil Produc	ers,ind	. of Kansas	3		-	Lease E.F.B	artholov	10.00	30. 0002	1	Well Nu	mber	
County Barber	nty Location		ition	Section 18		TWP 33S		RNG (E/W)		Acres Attributed		ttributed	
Medicine Ladge Baggs			Reservo					hering Conn	ection				
Completion Date 1954			<u> </u>	ck Total Dep	oth		Packer Set at none		· <u> </u>				
Casing Size 5.5	ng Size Weight		Internal	Internal Diameter		Set at 4948		rations 7	то 447 6				
Tubing Size 2.375			Internal Diameter			Set at 4461		rations	То				
Type Completion (Describe) single			Type Flu oil/sw	id Productio	n .	Pump Unit or Traveli yes-pump unit			ng Plunger? Yes / No				
Producing Thru (Annulus / Tubin annulus			ng)	% Carbon Dioxide			% Nitrogen			Gas Gravity - G			
Vertical Dep	th(H)		<u> </u>		Pres	sure Taps		<u> </u>	, p	(Mete	r Run) (Pro	over) Size	
Pressure Bu	ildup:	Shut in _12	/12	20_12_at_8	:30 am	(AM) (PM)	Taken 1	2/13	20	12 _{at} 8:30	am (#		
Well on Line:		Started 20											
					OBSERVE	D SURFAC	E DATA			Duration of Shu	_{ut-in} 24	Hours	
Dynamic	Orifice Size inches)	Circle one: Meter Prover Press psig (Pm)	Differential in	Flowing Temperature t	Well Head Temperature t	Weilhead (P _w) or (I	Casing Wellhead Pressure (P_w) or (P_t) or (P_c)		ubing ad Pressure (P ₁) or (P _c)	Duration (Hours)	1 '	Liquid Produced (Barrels)	
Shut-In						53.0	67.4	psig	psia	24			
Flow	***												
Plate		Circle one:	T	1	FLOW STR	EAM ATTR	RIBUTES					·	
Coefficient (F _b) (F _p) Mcfd		Meter or over Pressure psia	Press Extension ✓ P _m xh	Grav Fact F	or Temperature		Fa	Deviation Factor F _{pv}		(Cubic F	GOR Flowing bic Feet/ Gravity G _m		
			<u></u>										
P _c) ² =	:	(P _w)² =	:	(OPEN FLO	OW) (DELIV		') CALCUL _c - 14.4) +		:		$(x^2)^2 = 0.207$ $(x^2)^2 = 0.207$	7	
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$) _c)² - (P _w)²	Choose formula 1 or 2 1. P _c ² -P _s ² 2. P _c ² -P _d ² divided by: P _c ² -P _w	2. P ² -P ² 1. or 2.		Backpressure Curve Slope = "n" or Assigned Standard Slope		nxl	06	Antilog	Oper Delive Equals F	Open Flow Deliverability Equals R x Antilog (Mcfd)	
pen Flow			Mcfd @ 14.	65 psia		Deliverab	ility		<u> </u>	/tcfd @ 14.65 ps	sia		
								// _	above report	t and that he h	as knowled	IS	
.avio oigiei	a uroidii	i, and that Sa	aid report is true	anu correct	Executed	tnis tne	1	Tay of <u>U</u>			, 20	1 5 20	
		Witness (I	f any)					1/11	For Co	ompany	a		
		For Comm	ission			_	<u> </u>	w, /1	Check	ed by	KCC	MICHI	

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 Oil Producers, Inc. of Kansas 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 E.F.Bartholow #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: 12/14/12
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 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.