KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				(See Instruc	tions on Re	verse Side	9)					
	en Flow			Test Date	3 :			ΔPI	No. 15				
Del	iverabilt	<i>y</i>		9/28/12					007-22776-0	00-01			
Company WOOLSI	EY OPI	ERATING C	OMPANY, LLC	;		Lease BLOOM	Lease BLOOM TRUST		A		Well Number 1		
County Location BARBER 100' N, NW SE NE			Section 22		TWP			RNG (E/W) 12W		Acres Attributed			
Field BLOOM WEST			Reservoir LANSIN		323		Gas Gathering Connect APC		ection	RECEIV DEC U5			
Completion Date 10/21/03				Plug Bac	Plug Back Total Depth 4809			Packer \$	Packer Set at NONE			DEC U5	
Casing Size Weight 1.500 10,50			Internal I 4.052	Diameter		Set at 4852		Perforations 3746		K(CC WICI		
Tubing Size Weight 2.375 4.70			Internal I	Internal Diameter		Set at 3813		Perforations OPEN					
Type Completion (Describe) SINGLE				Type Flui	Type Fluid Production WATER				Pump Unit or Traveling Plunger? Yes / No PUMPING				
Producing		Annulus / Tubi	ing)	% C	Carbon Diox	ide	-	% Nitrog	jen	Gas	Gravity -	G _g	
ertical D 3754	epth(H)				Pres	ssure Taps				(Me	ter Run) (Prover) Size	
Pressure	Buildup:	Shut in 9/	28/12	20 at		(AM) (PM)	Taken 9/	29/12	20	at		(AM) (PM)	
Well on Li	ne:	Started	2	20 at		(AM) (PM)	Taken		20	at		(AM) (PM)	
					OBSERVE	ED SURFAC	E DATA			Duration of S	hut-in	Hours	
Static / lynamic roperty	Orifice Size (inches	Prover Pres	Differential in	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _t) or (P _o) psig psia		Wellhe	Tubing Wellhead Pressure (P_w) or (P_t) or (P_c) psig psia		Liq	uid Produced (Barrels)	
Shut-In						250	polu	80	рын	24			
Flow										***			
				1	FLOW STI	REAM ATTR	L		l .		I		
Plate Coeffieci (F _b) (F _p Mcfd		Circle one: Meter or Prover Pressure psia	Press Extension ✓ P _m xh	Grav Fac F	tor	Flowing Temperature Factor F _{II}		riation actor = _{Pv}	Metered Flov R (Mcfd)	(Cubi	OR c Feet/ rrel)	Flowing Fluid Gravity G _m	
				(ODEN EL	OW/ (DELIN	(EDABILITY	CALCUI	ATIONS					
c)2 =		: (P _w) ²	= ;	P _d =	• •	/ERABILITY % (I) CALCUL ² c - 14.4) +		:		$(P_a)^2 = 0.$ $(P_d)^2 =$	207	
(P _c) ² - (F or (P _c) ² - (F)2 a)2	(P _c) ² - (P _w) ²	Choose formula 1 or. 1. P _c ² - P _a ² 2. P _c ² - P _d ²	1. P ₀ ² - P _a ² LOG of formula		Backpressure Curve Slope = "n" or Assigned Standard Slope		, n v	LOG	Antilog	De	Open Flow Deliverability Equals R x Antilog (Mcfd)	
											 		
Open Flow Mcfd @ 14.65 psia				.65 psia	psia Deliverability				Mcfd @ 14.65 psia				
The u	ndersig	ned authority,	on behalf of the	Company, s	states that I	ne is duly a	uthorized t	o make ti	ne above repo	ort and that he	has kno	wledge of	
	-		said report is tru			•		day of	•	0. (2		, 20 12 .	
	<u> </u>	Witness	s (if any)			-	WB	n <u>K</u>	For	Company			
		For Con	nmission			-			Chec	cked by			

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 WOOLSEY OPERATING CO., LLC 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 BLOOM TRUST A-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:
Signature: Wm R Hallaugh Title: FIELD 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.