		ONE P	KA OINT ST	ANSAS (ABILIZE	CORPO D OPEN	RATION (COMM OR DE	IISSIC LIVE	ON (RABILITY	REC KANSAS CORPOR TEST	EIVED ATION (Form G-2 (Rev. 7/03)
Type Test:				(S	ee Instructio	ons on Revers	e Side)			APR () 4 2	013
Open I				Test Date:				API N	No. 15 - 007- 00	CONSERVA 348 - 000 ANIC		
Company		T1	- 4 0			Lease	1_			W	eli Num	ber
	adu	Explora		Section	Υ	Newkir					1	
County	1	Location				TWP		NG (EA	V)	Ac	res Atl	ributed
Bar Field	ber	SW/4		31 Reservoir		33S		1W	orina Carana	ution.		
	doa	riold (Couth		icainn				ering Connec			
Completion i		Field :	Soucii		issipp Total Depth			acker S	s Suppl	- У		
8-1				5060	•	1	F	acker o	si ai			
Casing Size	<u> </u>	Weight		Internal D		Set at		Perfor	ations	То		
•	/2"			4651'								
		Weight		Internal Diameter		Set at		Perforations		To		
	/8"					4627'						
Type Comple					Production		Р			Plunger? (Yes)/	No	
Sinol					water			<u> </u>	Aut Cluni	Unit		
Producin (2)	hru (Anr 1	ulus / Tubing)		% C	arbon Dioxid	de	%	Nitrog	en O	Gas Gra	vity - G	9
<u>Annu</u>												
Vertical Dep	th(H)			,	Press	sure Taps				(Meter R	un) (Pro	over) Size
Pressure Bu	ildup:	Shut in <u>5 1</u>	<u>8</u> 2	0.12 at	12:00	(AM) (PM) Ta	ken	5.2	20	12 at 11:00	2_0	M)PM)
111-11 1 1						_						
Well on Line		Starteu		J at		(AM) (PM) 18	aken		20	at	(/	AM) (PM)
					OBSEDVE	D SURFACE	DATA					
		Circle one:	Pressure		ODSERVE				···	Duration of Shut-i	<u> </u>	Hours
Static / Dynamic	Orifice Size	Meter	Differential	Flowing Temperature	Well Head Temperature	Casing Wellhead Pr			ubing ad Pressure	Duration	Liquid	Produced
	inches)	Prover Pressur psig (Pm)	e in Inches H _a 0	t	t	(P,) or (P,)	or (P _e)	(P _w) «	(P,) or (P,)	(Hours)	(B	arrels)
		bail (Lin)	inches ri ₂ 0	·		psig	psia	psig	psla			
Shut-In						91						
Flow					<u> </u>	'						
L			<u>-l</u>	l	ELOW CTE	L L					l	
<u></u>					FLOW STA	REAM ATTRIB	UTES		,F			
Plate	.	Circle one: Meter or	Press Extension	Grav		Flowing	Devia	tion	Metered Flow	GOR		Flowing
Coefficient		over Pressure		Fac	101	Temperature Factor	Fact		R	(Cubic Fee	et/	Fluid Gravity
Mcfd		psia	- ✓ P _m xh	F,	•	F _{ii}	F,	,	(Mcfd)	Barrel)		G,
			1									
<u> </u>		l		<u> </u>	<u>l</u>		<u> </u>					<u></u>
				(OPEN FL	OW) (DELIV	ERABILITY)	CALCULA	TIONS		(P.)	= 0.2	07
(P _c) ² =	:	(P _w)² =_	<u> </u>	P,=		% (P _c	- 14,4) + 1	4.4 = _	·····:	(P _d)		
(5.12.45)			Choose formule 1 or 2			Backpress	ure Curve	T	Г٦		~	en Flow
(P _c) ² - (P _a)		P _e)²-(P _w)²	1. P _a ² -P _a ²	LOG of formula		Slope	= "N" X	пx	LOG	A stile o		iverability
or (P _e) ² - (P _d))2	ì	2. P _e ² -P _d ²	1, or 2. and divide	P.2. P.2	Assi	gned			Antilog		R x Antilog
			fivided by: $P_c^2 - P_g$	2 by:	<u> </u>	Standa	d Slope	<u> </u>	<u> </u>			(Mcfd)
	1											
										·	 	·
l								<u> </u>			<u> </u>	
Open Flow			Mcfd @ 14	.65 psla		Deliverabil	ity			Mcfd @ 14.65 ps	la	
The un	dersigne	ed authority, or	n behalf of the	Company,	states that	he is duly aut	horized to	make t		ort and that he ha	as knov	vledge of
the facts sta	ted there	ein, and that sa	ıld report is tru	e and corre	ct. Execute	d this the \mathcal{I}	6_,	lay of	Marc	·η		20 13
			,						***************************************		I	
							27	net	- U	col		
		Witness (i	fany)							Company		
		For Comm	dssion			_				- de de la companya d		

l do	clare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
	status under Rule K.A.R. 82-3-304 on behalf of the operator
and that correct to of equip	t the foregoing pressure information and statements contained on this application form are true and to the best of my knowledge and belief based upon available production summaries and lease records ment installation and/or upon type of completion or upon use being made of the gas well herein named. reby request a one-year exemption from open flow testing for the
	(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
	rther agree to supply to the best of my ability any and all supporting documents deemed by Commissinecessary to corroborate this claim for exemption from testing.
Date: _	412113
	Signature: PRIS: Day

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.