KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type T est:	:			((See Instruc	ctions on Rev	erse Side)				
_ :	en Flow			Test Date	3 :			API	No. 15			
	Dolivorobilty				4-18-13 15-165-2040					0000		
Company Bear Pet		LLC				Lease Honderic	k C				Well Number	
County Rush	•				Section 10		TWP 17		(W)		Acres Attributed 160	
Field Reichel	Field			Reservoir Topeka			ATT 18 18 18 18 18 18 18 18 18 18 18 18 18		thering Conne	ection	A. A. M.	
Completion Date			Plug Back Total Depth		oth		Packer 8			annumun eran urver		
4-15-72	l-15-72 Casing Size Weight			3144				n - 4-				
4 1/2"			grt 	Internal Diameter 4"		Set at 3599		Perforations 3042		то 3054		
Tubing Si: 2 3/8"	Tubing Size Weight 2.3/8" 4.6		ght	Internal Diameter 2"		Set at 3040		Perforations		То		
		(Describe)		Type Flui	d Production	on		Pump Ui	nit or Traveling	Plunger? Yes	/(No)	
Producing		Annulus / Tub	ing)	% C	Carbon Diox	ride	% Nitrogen		jen	Gas Gravity - G ₉		
Tubing Vertical D	epth(H)				Pre	ssure Taps				•	Run) (Prover) Size	
Pressure	Duildun	Shut in 4-	17	, 13 _{at} 1	2:00	(AM) (AM)	Taken 4-	18	20	4" 13 _{at} 12:00	(AM)(PM)	
Well on Li	•											
17011 017 21		Glaried		.0 ui		- (****) (* ***)					(* \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Circle one	· Pressure	Ι		ED SURFACE Casir			Tubing	Duration of Shut	in Hours	
Static / Dynamic	Orifice Size	Prover Pres	Differential	Flowing Temperature		Mallhand Dynamics		Wellhead Pressure (P _w) or (P _i) or (P _a)		Duration (Hours)	Liquid Produced (Barrels)	
Property	(inches) psig (Pn	n) Inches H ₂ 0	t t		psig psia		psig	psia			
Shut-In	·····					52						
Flow					EL OW ST	REAM ATTRI						
Plate		Circle one:	Prace			Flowing	T			000	Flowing	
Coefficient	ent	Meler or Prover Pressure	Extension	Faci		Temperature Factor	re Deviation Factor		Metered Flow	(Cubic F	eet/ Fluid	
Mold	p/	psia	✓ P _m xh	F,	9	F ₁₁		pv	(Mcfd)	Barrel	G _m	
(D.)2				-		/ERABILITY))2 = 0.207	
(P _c) ² =			Choose formula 1 or 2			 	- 14.4) +	14.4 =	<u>:</u>	{P _d)2 =	
(P _c)² - (P	P _a) ²	(P _o) ² - (P _w) ²	1. P _c ² -P _a ²	LOG of formula		Backpressure Cun Slope = "n"		n x	LOG	Antilog	Open Flow Deliverability	
(P _c) ² • (P	P _d) ²		2. P _c ² -P _d ² divided by: P _c ² -P _g	1. or 2. and divide 2 by:	P _c ² - P _w ²	Assi	gned rd Slope			,g	Equals R x Antilog (Mcfd)	
			arrand by: 1 c 1 w									
Open Flov	<u> </u>		Mcfd @ 14	.65 psia		Deliverabil	ity	1		Mcfd @ 14.65 ps	sia	
The บ	ındersigi	ned authority,	on behalf of the	Company, s	states that	he is duly aut	horized to	make th	ne above repo	rt and that he h	as knowledge of	
he facts st	ated the	rein, and that	said report is tru	e and correc	t. Execute	this the 5th	<u> </u>	day of _N	fay		20 _13	
							Bea	- Pes	Moun	اللمع الكلكاء	RECEIVED SAS CORPORATION O	
		Witness	s (if any)			_	100	(1)	Yules	ompany		
										-	MAY 0 7 2	

exempt status under Rule K.A.R. 82-3-304 on behalf of the operator Bear Petroleum 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 Honderick C #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: 5-6-13 Signature: President	I declare un	der penalty of perjury under the laws of the state of Kansas that I am authorized to request
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Tiug.	Date: <u>5-6-13</u>	Signature:
	Date: <u>5-6-13</u>	<u> </u>

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 RECEIVED signed and dated on the front side as though it was a verified report of annual test resultance CORPORATION COMMISSION