KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Matter Pressure	Type Test	t:					(See Ins	truct	ions on Re	verse Side))						
Description							Test Date	e:										
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Matter Pressure			Op	erating, l	lnc.						ım					Well Nu	mber	
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Internal Diameter Set at Perforations To 2604 375 4.052 2657 2590 2694 376 4.77 1.995 2643 377 1.995 2643 378 2693 2693 379 Event Completion (Describe) Type Fluid Production Water Pump Unit or Traveling Plunger? Yes / No Pump Unit or Tra		on Date	e	.,				k Total	Dept	h								
Internal Diameter Set at Perforations To 1.985 (2643	Casing Size Weight																	
Type Fluid Production Pump Unit or Traveling Plunger? Yes / No Pulp (Date Water Pump Unit or Traveling Plunger? Yes / No Pulp (Date Water Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp (Date of Pump Unit or Traveling Plunger? Yes / No Pulp Unit or Traveling Plunger? Yes / No Note of Pump Unit or Traveling Plunger? Yes / No Note of Pump Unit or Traveling Plunger? Yes / No Note of Pump Unit or Traveling Plunger? Yes / No Note of Pump Unit or Traveling Plunger? Yes / Note of Pump Unit or Traveling Plunger? Yes / Note of Pump Unit or Traveling Plunger? Yes / Note of Pump Unit or Traveling Plunger Pl	Tubing Size Weight				Internal Diameter			Set at										
Mode Property Processor	ype Con		ı (De				Type Flui	Type Fluid Production			<u> </u>				lunger? Yes / No			
Pressure Taps	roducing	g Thru	(Anr	nulus / Tubin	ıg)						ie				Gas Gravity - G _g			
Starred Buildup: Shut in 06/17 20 13 at 7:30 (AM) (PM) Taken 6/18 20 13 at 7:30 (AM) (PM) Interest 10 to Line: Started			l)					Ī	Pres	sure Taps					(Meter I	Run) (P	rover) Size	
Started	0.6				5/17 _{20_} 13 _{at}			7:30		(AM) (PM)	(AM) (PM) Taken 6/		/18 20		13 _{at} 7:30		(AM) (PM)	
The first part of the first pa	Well on L	.ine:	;	Started		20	20 at			(AM) (PM)	Taken		20 _		_ at	(AM) (PM)		
Orlice Prover Pressure Orlice Prover Pressure Orlice								OBSE	RVE	D SURFAC	E DATA			Du	ration of Shut-	in24	Hours	
Position Prover Pressure Prover Prover Prover Pressure Prover Pressure Prover Prover Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Prover Prover Pressure Prove	Static / Dynamic	namic Size		Meter Prover Pressure		Differential	Temperature	Tempera		Wellhead Pressure		Wellhead Pressure				i ·		
FLOW STREAM ATTRIBUTES Plate Defificient (F ₂)(F ₂) P ₂ P ₂	Shut-In			psig (Pm)		nches H ₂ 0									24			
Plate Coefficient (F ₂)(F ₆) Refer or Prover Pressure psia Relation (F ₂)(F ₆) Refer or Prover Pressure psia Relation (F ₂)(F ₆) Refer or Prover Pressure psia Relation (F ₁)(F ₆) Refer or Prover Pressure psia Relation (F ₁)(F ₆) Refer or Prover Pressure psia Relation (F ₁)(F ₆) Refer or Relation (R ₁)(Refer	Flow									30	04,4	00	07.4	+	<u> </u>			
Copen Flow Cop		l		İ				FLOW	STR	REAM ATTR	IBUTES	1		<u> </u>				
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of facts stated therein, and that said report is true and correct. Executed this the 18 day of Witness (if any) For Commission Checked by Mcfd @ 14.65 psia For Company For Company Checked by Mcfd @ 14.65 psia Mcfd @ 14.65 psia The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of facts stated therein, and that said report is true and correct. Executed this the 18 day of June For Company Checked by Checked by JUL 0 1 20	Coeffied (F _b) (F	eient p)	Pro	Meter or Prover Pressure		Extension	Factor		Temperature Factor		Fa	actor	R		(Cubic Fe		Fluid Gravity	
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Witness (if any) For Commission KCC WICE For Company Checked by JUL 0 1 20	The	undersi	•	•	on be	ehalf of the	Company,			ne is duly a	uthorized t		·				_	
For Commission Checked by JUL 0 1 2	ne facts s	stated ti	herei	in, and that s	said	report is true	and correc	ct. Exec	uted	I this the _1	8	day of	June			,	20 13	
For Commission Checked by JUL 0 1 2				Witness	(if any	v)			_				Fo	r Comp	pany	KC	C WIC	
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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 Chesapeake Operating, Inc 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 Cheatum 2-14
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: 06/24/2013
Signature: Little: Dawn Richardson, Regulatory Technician III

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.

JUL 0 1 2013