KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Te	st:					(See Instru	ctions on F	Reverse Sid	e)			
✓ Open Flow												
Deliverabilty			Test Date: 6/10/2013					API No. 15 023-20271 - 000				
Compan	11/				0/10/20	713				3-202/1- 0	001	
		ting	Company				Lease llene l	Raile			1-27	Well Number
County Cheyen	ne		Loca SEN	ation W	Section 27		TWP 3S		RNG (I 42W	E/W)		Acres Attributed 160
Field NW Che	еггу С	reek	(Reservo Niobra					thering Conn	ection	,
Complete 3/27/91	ion Da	ite			Plug Bar 1643	ck Total Dep	oth		Packer NA	Set at		
Casing 5	Size		Weig 10.5		Internal 4.052	Diameter	Set	at 68.39'	Perf 15(orations	To 1532	
Tubing S	Size		Weig 4.7#	ght		Diameter	Set	at	Perf	orations	To To	
Type Cor	moletic	n (D				id Productio		74.24'	NA		St. 5 14	
Singula					Water		n		Yes	Init or Traveling	Plunger? Yes	/ No
	_	(An	nutus / Tubi	ng)	% (Carbon Diox	ide		% Nitro	gen	Gas G	ravity - G _p
Annulus Vertical D	-										.59	
1668'	Jepin(Flan	ssure Taps IGE				(Meter 2"	Run) (Prover) Size
Pressure	Buildu	p:	Shut in 6/	10	20 13 at 9	:00 AM	(AM) (PM	Taken_6/	10	20	13 at 9:00 A	M (AM) (PM)
Well on L	.ine:		Started 6/	11 2	13 at 9					20	13 at 1:00 F	
						OBSERVE	D SURFAC	E DATA			Duration of Shut-	-in Hours
Static /	Orif	ice	Circle one	1	Flowing	Well Head		sing		Tubing		
Oynamic Property	Siz (inch		Prover Press		Temperature t			I Pressure P _r) or (P _o)		ead Pressure or (P ₁) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)
Shut-In			psig (Pm	Inches H ₂ 0			psig	psia	psig	psia	-	
							75	89				
Flow			 -				15	29				
				7		FLOW STR	EAM ATT	RIBUTES		r		
Ptate Coeffied			Circle one: Meter or	Press Extension	Grav		Flowing femperature	Devi	ation	Metered Flow	GOR	Flowing
O O O I I I O O O O I I I		over Pressure		Factor F		Factor F			R (Made)	(Cubic Fe	Gravity	
Mcfd			psia	* '*^"			F _r ,		P*	(Mcfd)	Barrel)	G _m
/D \9			45 . 18.			OW) (DELIVI		-				$^{2} = 0.207$
(P _c) ² =	T	=:	(P _w)² :	Choose formula 1 or 2	P _d =	<u> </u>	`T	P _c - 14.4) +	14.4 =	 :	(P _d)	2 =
(P _c)² - (P	'.)"	(P	_)*- (P)z	1. P. 2 - P. 2	LOG of formula			essure Curve pe = "n"		الآكم		Open Flow
or (P _e)² - (P	,)*		1	2. P _g - P _g 2	1, or 2.			- or signed	nxi		Antilog	Deliverability Equals R x Antilog
	<u>"</u>			divided by: Ps - Ps	by:	P.*-P.*		lard Slope				(Mcfd)
			j									
			-	···-					7			
Open Flow	v			Mcfd @ 14.	65 psia		Deliverat	rility			Acfd © 14.65 psi	a
			- 41 14	****	•						· · · · · · · · · · · · · · · · · ·	
									_		t and that he ha	_
he facts sta	ated th	erein	, and that s	aid report is true	and correct			<u> </u>	lay of S	eptember		6 13
					KAN	REC SAS CORPOR	CEIVED RATION COM	IMISSION	/	- h1	Much	
			Witness (il any)	1041		-		10	For Co	упрапу	
		· ···	For Comm	niesion		OCT	1 0 201	3		Check	and by	· · · · · · · · · · · · · · · · · · ·

CONSERVATION DIVISION WICHITA, KS

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 PRIME OPERATING COMPANY
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 ILENE RAILE 1-27
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: 9/30/2013
1
Signature: John Wolfe
Title: _Tom Roelfs, Drlg / Prod Foreman

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

Well Name: <u>Ilene Raile 1-27</u> Orfice Size: <u>2" X .375"</u>

TOTALS

Day	Static	Diff	MCF	Wtr	TP
1	26	7	12	0	0
2	26	7	12	0	0
3	26	7	12	0	0
4	26	7	12	0	0
5	26	7	12	0	0
6	26	7	12	0	0
7	26	7	12	0	0
8	26	7	12	0	0
9	26	7	12	0	0
10	26	7	12	0	0
11	26	7	12	0	0
12	26	7	12	0	0
13	26	7	12	0	0
14	26	7	12	0	0
15	26	7	12	0	0
16	26	6	11	0	0
17	26	6	11	0	0
18	26	6	11	0	0
19	26	6	11	0	0
20	26	6	11	28	0
21	26	6	11	29	0
22	26	6	11	29	0
23	28	8	13	30	0
24	28	8	13	29	0
25	28	8	13	29	0
26	28	8	13	28	0
27	28	8	13	28	0
28	28	8	13	29	0
29	28	8	13	28	0
30	78	0	0	0	0
31	33	9	15	0	0

363

287

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Month: May 2013

СР	SPM Cyle	Remarks
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	0//0	
13	5//24	
13	5//24	
13	5//24	
15	5//24	
15	5//24	
15	5//24	
15	5//24	
15	5//24	
15	5//24	
15	5//24	
65	0//0	Compressor Down 24 hrs
20	0//0	

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OCT 1 0 2013

Monthly Gauge Sheet

Well Name: <u>llene Raile 1-27</u>

Orfice Size: <u>2" X .375"</u> Month: June <u>201</u>

Day	Static	Diff	MCF	Wtr	ТР	СР
1	28	9	14	0	0	15
2	28	9	14	o	0	15
3	28	9	14	0	0	15
4	28	9	14	0	0	15
5	28	9	14	0	0	15
6	28	9	14	0	0	15
7	28	9	14	0	0	15
8	28	9	14	0	0	15
9	28	9	14	0	0	15
10	88	0	0	0	0	75
11	33	9	15	0	0	20
12	33	8	14	28	0	20
13	28	7	12	42	0	15
14	28	7	12	42	0	15
15	28	7	12	35	0	15
16	28	8	14	33	0	15
17	28	8	14	33	0	15
18	28	9	14	33	0	15
19	28	9	14	33	0	15
20	28	9	14	33	0	15
21	28	9	14	33	0	15
22	28	9	14	33	0	15
23	28	9	14	33	0	15
24	28	9	14	34	0	15
25	28	10	15	34	0	15
26	28	10	15	34	0	15
27	28	10	15	0	0	15
28	28	10	15	0	0	15
29	28	9	14	0	0	15
30	28	8	14	0	0	15
31						
TOTAL	1	<u> </u>	391	513	. к	RECEIVED ANSAS CORPORATION COMMIS

OCT 1 0 2013

SPM Cyle	Remarks
0//0	
0//0	
0//0	
0//0	
0//0	
0//0	
0//0	
0//0	
0//0	Shut In Pressure Built UP
0//0	Shut in Pressure Built UP
0//0	
5//24	
5//24	
5//24	0
5//24	
5//24	
5//24	
5//24	
5//24	
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OCT 1 0 2013