KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				1	See Instruct	tions on Re	verse Sid	e)				
Open Flow Deliverabilty			Test Date:					ΔP	I No. 15 .	- - 1		
				rest Date:				15-151-20751-0000				
PRATED OU J GAS			GAS	HENDRICKS				~			Well Number	
County SW SW SW			tion	Section TWP			:	RNG (E	<u>/w</u>		Acres Attributed	
Field	را <u>د</u> د ۱	- 3//	200	Reservoi		<u> </u>	l I		thering Conn	ection		
Completion Date				Cong. Plug Back Total Depth				Packer Set at				
14/25/19X0			<u> </u>	4708					one			
Casing Size Weight				Internal (Diameter	Set a	at '	Perforations		TO 464 L		
Tubing Size Weight				Internal Diameter Set			at	Perfo	rations	То	•	
ス% Type Completion (Describe)				Type Fluid Production				Pump Unit or Traveling Plunger? Yes / No				
ngle (Gas)				9%				flowing				
Ā	Producing Thru (Annulus / Tubing)				% Carbon Dioxide				% Nitrogen Gas Gravity - G			
Vertical Depth		5			Pres	sure Taps	!			(Meter	Run) (Prover) Size	
47	• •			Flange						2'	•	
Pressure Build	lup:	Shut in _8	2\ 2	0[] at	0:00 Am	(AM) (PM)	Taken	8/32	20	12 at 10 Ar	(AM) (PM)	
Well on Line:		Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
					OBSERVE	D SURFAC	E DATA			Duration of Shut	-in Hour	
Static / Orifine !		Pressure Differential	Flowing Well Head		Casing Wellhead Pressure		Tubing Wellhead Pressure		Duration	Liquid Produced		
] = ,	ize :hes)	Prover Press	sure in	Temperature Temperature (P ₂) or		(P _w) or (P	1) of (Pc)			(Hours)	(Barrels)	
Shut-In		P-3 ()				260)	paig	psia			
Flow	-						!					
					FLOW STR	EAM ATTR	IBUTES	,				
Plate		Circle one: Press Meter or Extension		Gravity		Flowing Temperature	Dev	Deviation Metered Flow			Flowing Fluid	
Coefficient (F _b) (F _p)	Pro	over Pressure	Extension √ P _m x h	Fac:	ior	Factor	t:	ector F _{pv}	R (Mcfd)	(Cubic Fe Barrel)	Gravity	
Mcfd		psia				Fii		·——-			G _m	
	L			(OPEN EL	OW) (DELIV	COADUITV	CALCIII	ATIONS			,	
(P _c) ² =	:	(P _w)² :	=:	·) = 14.4) +		:	-	² = 0.207 ² =	
		P _c) ² - (P _w) ²	Chaose formula 1 or 2.	Back			ssure Curve	sure Curve		Open Flow		
or (P _g) ² · (P _g) ²	"	e, - (,)	2. P _e ² - P _d ²	formula 1. or 2. and divide			or = "n" or = signed	- nx	LOG	Antilog	Deliverability Equals R x Antilog	
(6 (8)	_		divided by: $P_c^2 - P_w^2$	by:	P 2 . P 2		Slope		L J		(Mcfd)	
	<u> </u>						· · · · · · · · · · · · · · · · · · ·					
							1					
Open Flow Mcfd @ 14			Mcfd @ 14.	4.65 psia Deliverability			llitý	Mcfd @ 14.65 psia				
The under	signed	d authority, o	n behalf of the	Company, s	tates that he	e is duly au	thorized t	o make th	e above repor	and that he ha	s knowledge of	
the facts stated	therei	n, and that s	aid report is true	and correct	. Executed	this the	<u>:</u>	day of			, 20	
					KCC	C WIC	⊔IT^					
		Witness (if any)				i		For Co	ornpany		
		For Comm	nission		SEF	12 20) 3		Check	ked by		
					R	RECEIV	; ED					

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 frater Oil + Gro operations 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 hereby request as a 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: 91113
Signature: BRRAT Title: Pres

Instructions:

1 . 15g

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.

SEP 12 2013