KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:					(See Instru	ctions on Rev	erse Side)			
✓ Open Flow Deliverability				Test Date: 10/23/13				API	API No. 15 077-00045 ~ 0000			
Company				10/23/1	3	Lease			077		Well Number	
BEREXC County	BEREXCO LLC . County Location				Section		TWP	TWP RNG (E/W)			1-15 Acres Attributed	
HARPER NW NW SW SE			15		31S	31S 9W		N/A				
Field SPIVEY GRABS				Reservoii MISS	r 		Gas Gathering Conn PIONEER EXPL					
Completion Date 7/19/1955			Plug Bac 4406	k Total De	pth	Packer Set at NONE						
Casing Size Weight 5.5 14				Internal Diameter N/A		Set at 4505		rations	то 4398			
Tubing Size Weight				Internal Diameter		Set at	Set at		rations	To		
2 3/8 Type Com	nletion	ı (De	4.7		N/A Type Flui	d Production		4394 N/A Pump Unit or Traveli		nit or Traveling	ng Plunger? Yes / No	
SINGLE	GAS	3			WTR				PU - Y	ES		
Producing Thru (Annulus / Tubing) ANNULUS				% c 0.103	Carbon Dio	xide	% Nitrogen 1.214		Gas Gravity - G _。 0.6217			
Vertical D)		<u> </u>	0.100	Pressure Taps			1.211			Run) (Prover) Size
N/A							E TAPS					
Pressure	Buildu	o: :	Shut in	22/ 2	13 at 8	AM	_ (AM) (PM)	Taken_10	0/23/	20	13 at 8 AM	(AM) (PM)
Well on Li	ine:	:	Started	2	0 at		_ (AM) (PM)	Taken		20	at	(AM) (PM)
	•					OBSERV	ED SURFACE	DATA	r		Duration of Shut	-in Hours
Static /	Orific	Ze Prover Pressure		Pressure Differential		Well Head	Wallhaad E	Casing Wellhead Pressure		ubing ad Pressure	Duration	Liquid Produced
Dynamic Property	(inche			re in Inches H₂0	Temperature t	Temperatur t	(P _w) or (P ₁) or (F		(P _w) or	(P _t) or (P _c)	(Hours)	(Barrels)
Shut-In				, -			70	pola	, poig	Pola	24	
Flow			,				-			·		
						FLOW ST	REAM ATTRI	BUTES				
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension P _m x h	Grav Fac	tor	Flowing Temperature Factor F _{II}	Deviation Factor F _{pv}		Metered Flow R (Mcfd)	v GOR (Cubic Fo Barrel	eet/ Fluid
			•				•	<u> </u>				
P _c) ² =			(P _w) ² =		(OPEN FL		VERABILITY)	CALCUL - 14.4) +			-) ² = 0.207) ² =
	. , , .		T. (Choose formula 1 or 2			Backpres	sure Curve			V d	Open Flow
(P _c) ² - (F	I.	(1	(_c) ² - (P _w) ²	1. P _c - P _a - 2. P _c - P _c	formula 1. or 2.			e = "n" or	nxl	-og	Antilog	Deliverability Equals R x Antilog
(P _c)²- (F	d) ²			divided by: P _c ² - P _w	and divide by:	P _c ² - P _w ²		gned rd Slope		ĿJ		(Mcfd)
			7		:	•						
			,			•						
Open Flov	W			Mcfd @ 14.	65 psia		Deliverabi	ity			Mcfd @ 14.65 ps	sia
The u	ındersi	gned	authority, or	behalf of the	Company,	states that	he is duly aut				rt and that he h	as knowledge of
ne facts si	tated th	nerei	n, and that sa	id report is true	e and correc	t. Execute	d this the 11	th	day of N	ovember		, 20
•								1	1goH	Blin		KCC MICE
			Witness (if	any)			: -		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OF or (Company	auu VIII
			For Commi				_					NOV 13 20

I declare under penalty of				d to request
xempt status under Rule K.A.	R. 82-3-304 on behalf of	the operator BEREX	COLLC	
nd that the foregoing pressu	re information and stat	ements contained on	this application form	are true and
orrect to the best of my know	1	•	•	
f equipment installation and/c		•	-	rein named.
I hereby request a one-year		flow testing for the	ENNEDY 1-15	
as well on the grounds that s	aid well:	:		-
(Check one)		}		
	d methane producer			
	· · · \ n plunger lift due to wat	er		
is a source	of natural gas for inject	ion into an oil reservo	ir undergoing ER	
is on vacuu	ım at the present time; k	CC approval Docket I	Vo	·····
✓ is not capa	ble of producing at a da	ily rate in excess of 2	50 mcf/D	
	·			
I further agree to supply to	the best of my ability a	any and all supporting	documents deemed t	y Commissio
aff as necessary to corrobor	rate this claim for exem	otion from testing.		
			•	
ate: 11/11/13				
	·			
		BA V		
	Signature:	COUNTY	poj	,
	Title:	PETROLEUM ENGI	NEER	

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.

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