KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Seward E/2 SE/4 35 33S 34W	Type Test	t:		J.12		J J.	. (See Ins	structi	ions on Re	everse Side	e)					
	Op	en Flo	w				Test Date	٠.				ΔP	l No. 15				
Admin Of Corporation Location Section 1 MP INDG (6WN) Acres Attributed Admission	✓ De	liverab	ilty							. (+ 14. +				- 0	000	and the	
Several E/2 SE/4 35 33S 34W			pora	tion	/K	្រុងស្រួល	संदर्भ संद	a) ;	.,	COOK			4 - 3 - 4 2 - 3 - 4				
Morrow Competition Date Plug Back Total Depth Packer Set at none	County Seward			Loca E/2 S	tion E/4	e allere	Section 35		: .:	TWP 33S	:45	. RNG (E	/W)	:	a Sift which HHP Di	Acres	Attributed
Season Size Weight Internal Diameter Set at Penforations To -1/2" 10.5# 4.052" 6036 6009 6014 -1/2" 10.5# 4.052" 6036 6009 6014 -1/2" 10.5# 4.052" 6036 6009 6014 -1/2" 10.5# 4.052" 6036 6009 6014 -1/2" 10.5# 4.052" 6036 6009 6014 -1/2" 10.5# 4.052" 6036 6009 6014 -1/2" 10.5# 4.052" 6036 6009 6014 -1/2" 10.5# 4.052" 700 700 -1/2" 10.5# 700 700 700 -1/2" 10.5# 700 700 700 700 -1/2" 10.5# 700 700 700 700 -1/2" 10.5# 700 700 700 700 700 -1/2" 10.5# 700 700 700 700 700 700 -1/2" 10.5# 700 7	Field Adamso			i i majir na sa		* 1.50 x +		•		Service Service					ection	,	, · ·
10.5#			е	***:		•		k Total	Depti	h	·		Set at				
One Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No No Pump Unit or Traveling Plunger? Yes / No Yes / No No Pump Unit or Traveling Plunger? Yes / No Traveling Plunger? Yes / No Yes / N																	
Type Completion (Describe) Single (gas) Type Fluid Production oil and water Traveling Plunger **Carbon Dioxide **Shiftogen **O.263 **G. Carbon Dioxide **Shiftogen **O.263 **G. Carbon Dioxide **Shiftogen **O.263 **G. Carbon Dioxide **Shiftogen **Described Depth(H) **Pressure Taps **Meter Run) (Prover) Size **Meter Run) (Prover) Size **Meter Run) (Prover) Size **Meter Run) (Prover) Size **Orfice Direction **Orfice Prover Pressure **Described Differential Flowing **Pressure **Described Differential Run Pressure **Shiftor **Pressure **Described Differential Run Pressure **Shiftor **Pressure **Described Differential Run Pressure **Shiftor **Pressure **Pre	Tubing Size Weight				Internal Diameter			Set	at Perforation		orations		· -				
Producing Thru (Annulus / Tubing) O.263 O.264 O.264 O.264 O.265 O.265 O.267 O.268 O.268 O.268 O.267 O.268 O.2	Type Con		n (De	scribe)						<u> </u>					Plunger? Yes	/ No	
Pressure Buildup: Shut in 11/21 20 13 at (AM) (PM) Taken 11/21 (AM) (PM) Taken 11/21 20 13 at (AM) (PM) (PM) (PM) (PM) (PM) (PM) (PM) (P			(Ann	ulus / Tubir	ng)		% C			de		% Nitro	gen	-5	Gas Gr		G _g
Place Sure Buildup: Shut in 11/21 20 13 at	Casing						0.263										
Veil on Line Started 20 at (AM) (PM) Taken 20 at (AM) (PM)	Vertical D	epth(H	l) 		****					sure Taps							
Static Orifice Circle one: Prossure Property (inches) Prover Pressure Press Pres	Pressure	Buildu	p: 5	Shut in 11	/21	20	13 at	** **		(ÅM) (PM)	Taken_1	1/21	. 5-, 1	20	13 at		(AM) (PM)
Static Orifice Orifice Size Orifice Size Orifice Size Orifice Size Original Orifice Size Original Orifice Size Original Orifice Original Orifice Original	Well on L	ine:	5	Started		20) at		and describe to the second	(AM) (PM)	Taken			_ 20	at		(AM) (PM)
Static Orifice Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Pressure Prover Pressure Pressure Prover Pressure	. + '. '.					** * **	•	OBSE	RVE	D SURFAC	E DATA		 	77.	Duration of Shut-	in	Hours
Shut-In Flow Shut-In Flow STREAM ATTRIBUTES	Static / Dynamic Property	Orifice Meter Size Prover Pres		Differential in		Temperature Tempera		perature Wellhead Pr		Pressure	ressure Wellher) ()				
FLOW STREAM ATTRIBUTES Plate Coefficient (F _p) (F _p) Model Coefficient (F _p) (F _p) Factor Factor F _p Factor F _p Factor F _p Finding Factor F _p Factor F _p Finding	Shut-In	;;		psig (Fili	,	inches ri ₂ 0					<u> </u>	psig	ps	ia	24	1	
Plate Coefficient (F _p) (F _p) Meter or Prover Pressure psia (Cubic Feet) Meter or Prover Pressure psia (P _p) (P	Flow																
Coefficient (F _p) (F _p) Prover Pressure psia Plus Pressure psia Plus Prover Prover Pressure psia Plus Pressure psia Psia Psia Psia Psia Psia Psia Psia P					1	I		FLOW	STR	EAM ATTR	RIBUTES	1	L				
P _c) ² =	Coeffictient (F _b) (F _p)		,	Meter or Prover Pressure		Extension	sion Fact		Temperature Factor		Fa	Factor		R	(Cubic Fe		Fluid Gravity
P _c) ² =			 :				1.		l	21							
Choose formula 1 or 2: 1. P _o ² - P _a or (P _c) ² - (P _d) ² (P _c) ² - (P _d) ² (P _c) ² - (P _d) ² (P _c) ² - (P _d) ² (P _c) ² - (P _d) ² (P _c) ² - (P _d) ² (P _c) ² - P _c ² (Normalion (Mcfd) (Mc	P _a) ² =		:	(P,,,)2 :	=	:	•	OW) (DI			•			:			207
Open Flow Mcfd @ 14.65 psia Deliverability 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 e facts stated therein, and that said-report is true and correct. Executed this the	(P _c) ² - (P _a) ²		(P _c	(P _c) ² - (P _w) ²		1. P _c ² - P _a ² LOG of formula 2. P _c ² - P _d ² 1. or 2. and divide		P _c ² -P _w ²		Slope = "n" or Assigned		n x LOG		Antilog -	Antilog - Del Equals		
Open Flow Mcfd @ 14.65 psia Deliverability 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 e facts stated therein, and that said-report is true and correct. Executed this the					,			·:: ·		3 1 1			.:		, lar i o		
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 e facts stated therein, and that said-report is true and correct. Executed this the 26th day of Witness (if any) Witness (if any) Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia November					: .			,	٠.	· :	1	:	NE TO E	·. i.	¥ 1		
e facts stated therein, and that said-report is true and correct. Executed this the			•	ditation.	. ,.	Mcfd @ 14.6	35 psia			Deliverab			1.7 T	. ,	Mcfd @ 14.65 psi	а	
Witness (if any) NEC 0.2	The ι	undersi	gned	authority, o	on be	ehalf of the	Company, ·s	tates th	at he	e iś dulý a	uthorized t	o make ti	he above	repo	ort and that he ha	ıs kno	wledge of
Witness (if any) Witness (if any) NEC 0.2	e facts si	tated th	nereir	ı, and that s	aid-r	eport is true	and correc	t. Exec	uted 1	this the <u>2</u>	6th	day of _N	lovemb	er .	<u> </u>	,	20 13
	- · ·	*							<u>.</u>	_	· · · · · · · · · · · · · · · · · · ·		M	9		K	CC WIC
For Commission Checked by				Witness	(if any)						<i>6</i> -	V	Ford	Smptany	ח	FC 02 2
				For Com	missio	n			_	-				Che	cked by	L	RECEI\

•	The second second				1.2	
			• .			
I declare under penal	K.A.R. 82-3-304 on be	ehalf of the o	perator Marlin	Oil Corporation) CHIEFT	edia Gil Cerba suov
and that the foregoing pre						
correct to the best of my k	1144			't		10 to
of equipment installation a					s well herein i	named.
I hereby request a one	e-year exemption from	n open flow t	esting for the	OOK 4-35		
gas well on the grounds th	at said well:	*			٠,٠,٠	
(Check one)			٠.			ø.
is a coa	albed methane produ	cer				- in (1)
is cycle	ed on plunger lift due	to water	f			
is a so	urce of natural gas fo	r injection in	to an oil reservo	ir undergoing l	ER	
is on v	acuum at the present	time; KCC a	pproval Docket			
✓ is not o	apable of producing	at a daily ra	te in excess of 2	250 mcf/D	ty Maria	
4. The second se		<i>1</i>				
I further agree to supp	•			documents d	eemed by Co	mmission
staff as necessary to corr	oborate this claim for	exemption	nom testing.	•		4
Date: November 26, 201	<u>3 </u>	es.				· · · ·
	,					
in the second	Sign	ature:	KAS			
		Title: Petr	oleum Engineer) .	(W. R. Lyni	า)
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Instructions:

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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.