KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				(See Instru	ctions on Re	verse Sid	(e)				į	
Open Flow Deliverabilty				Test Date: 9-11-13					1 No. 15 5-20746-00	00			
Company Horsesho		ating, Inc.		<u> </u>		Lease Cletus			3-20746-00	1	Well 1	Number	
County Hamilton	County Location		Section 30		TWP		RNG (E	Z/W)	,	Acres	Attributed		
Field			Reservoir		218		41W Gas Gathering Co		nection	*			
Bradshaw Completion Date			Winfield Plug Back Total Depth				Oneok Packer Set at						
7-31-2001 Casing Size Weight			2816				None	oer ar		******************			
.5	10.5		Internal Diameter 4.052		Set at 2818		Perforations 2768		то 27	' 80			
ubing Siz .375	Size Weight 4.7		Internal Diameter 2.000		Set at 2816		Perforations		То				
ype Completion (Describe) ingle - Gas				Production			Pump Unit or Tra Pump Unit -			Yes / No			
Producing Thru (Annulus / Tubing)			% Carbon Dioxide				% Nitrog			Gas Gravity - G			
nnulus								•	,		G.	~g	
/ertical Depth(H)				Pressure Taps Flange							(Meter Run) (Prover) Size 2"		
essure E	Buildup:	Shut in	9-10	$\frac{1}{20}$ at $\frac{1}{2}$	0.30	(AM) (PM)	Taken	9-	// 20	13 at 10	0170	((AN)) (PM)	
ell on Lir	ne:	Started								at		(AM) (PM)	
:			····	,	OBSERVE	D SURFACE	- DATA			Duration of C	The state of	34 Hours	
tatic / namic operty	Orifice Size (inches)	Size Meter Differentia ches) Prover Pressure in		Flowing Well Head Temperature Temperature		Casing Wallhard Brazaura		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration of S Duration (Hours)			
hut-In	625	paig (Fili) Inches H ₂ 0			psig	36	psig	psia	24			
Flow													
					FLOW STF	REAM ATTRII	BUTES	L					
Plate Coeffiecier (F _b) (F _p) Mcfd	1	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m xh	Gravity Factor F _g		Flowing Temperature Factor F _{ft} Deviation Factor F _{pv}		ctor			iOR ic Feet/ arrel)	Flowing Fluid Gravity G _m	
				(OPEN ELO)	W) (DELIV	ERABILITY)	CALCUI	ATIONO	1				
2 =	:	(P _w) ² :	=;	P _d =			- 14.4) +		:		$(P_a)^2 = 0.2$ $(P_d)^2 =$	207	
(P _c) ² - (P _a) or (P _c) ² - (P _d)		(_c) ² - (P _w) ²	Choose formula 1 or 2: 1. $P_c^2 - P_a^2$ 2. $P_c^2 - P_d^2$ divided by: $P_c^2 - P_w^2$	LOG of formula	P _c ² - P _w ²	Backpressure Curve Slope = "n" or Assigned Standard Slope		nxL	og [Antilog	O De Equals	Open Flow Deliverability Equals R x Antilog (Mcfd)	
								_					
en Flow	· ·		Mcfd @ 14.6	35 psia	•	Deliverabili	itv			Mcfd @ 14.65	nois		
The und	dersigned	authority. o	n behalf of the		tes that h			make #					
			aid report is true				g	ay of	Down repor	t and that he		rledge of 20 3	
. . .		:: : : : : : : : : : : : : : : : : : :		<u> </u>	,	• .	Ω	micl	Rin	leis	, ·	C WICH	
		Witness (if any)			•	1		or Co	ompany			
3-1		For Comm							Check	sed by	——NC	DV 2 1 201	

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 Horseshoe 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 Cletus 1
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:
Signature:

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.