RECEIVED

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Serior SW-NE-NW-NE 6 34S 8W SW-NE-NW-NE 6 Reservoir Gas Gamering Connection Alias Switch Reservoir Gas Gamering Connection Alias Switch Reservoir Alias Switch Alias Switch Reservoir Alias Switch Alias Alias Switch Alias Switch Alias Switch Alias Switch Alias Switch Alias Alias Alias Switch Alias Alias Switch Alias Alias Alias Alias Alias Switch Alias Al	Type Test	•	` '			. (See Instruct	tions on Reve	erse Side	e <i>)</i>	•			
Lease Well Number Company Lease Smith 1-6					· () •	Test Date) ;					0000		
Interest Namior Inc. Section TWP RNG (EW) Acres Attributed Section TWP Acres Attributed Section TWP RNG (EW) Acres Attributed TWP	Campany		34 h	r Shu	t In Test	9/11/13		Losco		15-0	<i>377-</i> 21693 -		Well Number	•
SW-NE-NW-NE 6 34S SW SW SW SW SW SW SW			ior Inc.										vven Number	
Allas											W)		Acres Attributed	
	Field Hibbord									-		ection		· . · · · · · · · · · · · · · · · · · ·
1.50 17# 4.892 4694' 4523' 4543'	Completic 8/30/10	on Date			,			lh			Set at			
1.995 1.99														
Type Fluid Production Ola and formation water Pump Unit or Traveling Plunge? Yes / No oll and formation water Pumping unit Production of Thru (Annulus / Tubing) **Reduction of Thru (Annulus / Tubing) **Search of Cashon Dioxide **OBSERVED SURFACE DATA **Observed Differential Temperature of Cashon Online State of Cashon Online State of Cashon Online Dioxide of Cashon Online Online Dioxide Dioxide Online Dioxide Dioxide Online Dioxide D		. •								Perforations ,		То		
Producing Thru (Annulus / Tubing) **Carbon Dioxide **Nitrogen Gas Gravity - Gaster Annulus Pressure Taps (Meter Run) (Prover) Size (Meter Run) (Prover) Size (Meter Run) (Prover) Size Pressure Taps (Meter Run) (Prover) Size (AM) (PM) Taken 20 at (AM) (PM) **OBSERVED SURFACE DATA Duration of Shut-in, Ambier or Duration or Shut-in, Ambier or Shut-in, Ambier or Duration or Shut-in, Ambier o		pletion	(Describ			Type Flui		n , 👬 ,		•		Plunger? Yes	/ No	- · · ·
Pressure Buildup: Shut in 9/11 20 13 at 3:08PM (AM) (PM) Taken 9/12 20 13 at 4:47PM (AM) (PM) Nell on Line: Stanted 20 at (AM) (PM) Taken 9/12 20 13 at 4:47PM (AM) (PM) Nell on Line: Stanted 20 at (AM) (PM) Taken 20 at (AM) (PM) Taken 20 at (AM) (PM) OBSERVED SURFACE DATA Duration of Shut-if (AM) (PM) State: Orifice one Size Prover Pressure Inches H,0 Inche				/ T					• •					
Pressure Bulidup: Shut in 9/11 20 13 at 3:08PM (AM) (PM) Taken 9/12 20 13 at 4:47PM (AM) (PM) Well on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM) (PM) Taken 20 at (AM) (PM) Taken 20 at (AM) (PM) Taken 20 at (AM) (PM) (PM) (PM) (PM) (PM) (PM) (PM) (P		'	Annulus	/ Tubing)		, % C	arbon Dioxi	ae n		% Nitrog	en	Gas Gi	avity - G	
Static Orlfice Circle con: Pressure Pressure Cinches Pressure Pressure Cinches Pressure Pressure Pressure Cinches Pressure Pressure Cinches Pressure Pressure Pressure Cinches Pressure Pre		·					Pres	sure Taps				(Meter	Run) (Prover) Size	-
Static Orlfice Circle con: Pressure Pressure Cinches Pressure Pressure Cinches Pressure Pressure Pressure Cinches Pressure Pressure Cinches Pressure Pressure Pressure Cinches Pressure Pre											·		· · · · · · · · · · · · · · · · · · ·	
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Static / Orifice Orifice Size Orifice Size Orifice Size Orifice Size Orifice	Well on Li	ine:	Start	ed	2	0 at		(AM) (PM)	Taken	•	20	at	(AM) (PM)	
Static Ortice O		· · ·					OBSERVE	D SURFACE	DATA	,		Duration of Shut	ir. 24 Hours	;
Shut-In Shut-I	Static / Dynamic	Orifice Meter Different Size Prover Pressure in		Differential in	Temperature		Wellhead Pressure		Wellhead Pressure			1 '.		
FLOW STREAM ATTRIBUTES Plate Coefficient (F ₀) (F _p) Motor Prover Pressure psia Coefficient (F ₀) (F _p) Motor Prover Pressure psia Coefficient (F ₀) (F _p) Prover Pressure psia Coefficient (F ₀) (F _p) Prover Pressure psia Coefficient (F ₀) (F _p) Prover Pressure psia Coefficient (F ₀) (F _p) Prover Pressure psia Coefficient (F ₀) (F _p) Prover Pressure psia Coefficient (F ₀) (F _p) Prover Pressure psia Coefficient Factor F _p Pount Factor Factor Factor F _p Pount Factor Fac		,	э) р	sig (Pm)	Inches H ₂ 0			 	psia	psig	psia		• :	
FLOW STREAM ATTRIBUTES Plate	Shut-In					· · · · · · · · · · · · · · · · · · ·		340						· .
Plate Coefficient Meter or Prover Pressure psia	Flow							60		<u> </u>		·		
Coefficient (F _p) (F _p) Prover Pressure psia Pressure psia Prover Pressure Psia Psia Psia Psia Psia Psia Psia Psia							FLOW STR	EAM ATTRIE	BUTES	· 1			· · ·	1.
P _c) ² =	Coeffieci (F _b) (F	Coefficient Meter or Extension $(F_h)(F_p)$ Prover Pressure			Extension	Factor Te		emperature Fa		actor R		(Cubic Fe	eet/ Fluid Gravity	
P _c) ² =								,		٠.				
Choose formula 1 or 2: 1. P _c ² - P _a 2. P _c ² - P _d divided by: P _c ² - P _w ² Deen Flow Mcfd @ 14.65 psia Deliverability 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 Witness (if any) Choose formula 1 or 2: 1. P _c ² - P _a ² 1. Og of formula 1. or 2: 1. n x LOG Antilog Open Flow N x LOG Antilog Antilog Open Flow Deliverability Equals R x Antilog (Mcfd) Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia CCC WIC	(D \2 -			(D \2		•	, ,	•	•					
(P _c) ² - (P _a) ² (P _c			. !	CI		T		1		Ι.	 	(P _d)	,]
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 31 day of OCTOBER) 20 13 Witness (if any) Witness (if any)	or		(P _c) ² - (P _w) ²		formula 1. or 2.	P2-P2	Slope (Assi	e = "n" or gned	1	.og	Antilog	Deliverability Equals R x Antilog	
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 31 day of OCTOBER) 20 13 Witness (if any) Witness (if any)				div	vided by: P _c ² - P _w ²			Standar	d Slope				(MCIa)	
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Witness (If any) Witness (If any) Witness (If any)	The u	ındersig	ned aut	hority, on	behalf of the	Company, s	tates that h	e is duly auti	norized t	o make th	e above repo	rt and that he ha	as knowledge of	
Witness (if any)	the facts st	ated the	erein, an	d that said	d report is true	and correct	t. Executed	this the 31	· .	day of O	CTOBER	.)	, 20 _13	
							•			She	bleed	ase	WCC 10/1	
/ 1 \material 11 \ 1.10 M/				Witness (if a	iny)		-	-		7	1	ompany I Cox	LYCC AA!	
For Commission NOV 27 2			·	For Commiss	sion			. :			Chec	ked by	NOV 27	20

	• • •
I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to	o request
exempt status under Rule K.A.R. 82-3-304 on behalf of the operator American Warrior 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 leas	e records
of equipment installation and/or upon type of completion or upon use being made of the gas well herei	n named.
I hereby request a one-year exemption from open flow testing for the Smith #1-6	
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.	
40/04/0040	
Date: <u>10/31/2013</u>	
Λ	
Signature: Sullu Case	
Signature: Sulluy as	
Title: PRODUCTION ASSISTANT	

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.

KCC WICHITA

NOV 27 2013

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