## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:					(	See Instruc	ctions on Rev	erse Side	e)					
Oper	n Flow				Test Box					N= 45				
Deliv	verabilty			1	Test Date		11-13	2013		No. 15	ለግ - ነ ነ ሆሉ ነ	)^	0 = 00	
Company		-			1-12	<u> </u>	Lease	LUIS		13-0	07 - 2150	Well Nu		
		. رحده	90				Hough	ck				1-2		
County	<del>'/</del>	Loca	tion	<del> </del>	Section	· · · · · ·	TWP	···	RNG (E/	W)			Attributed	
Barbe	64			LSE	2	)	325		140	•				
Field	_ •		· ·	<u> </u>	Reservoi					hering Conn	ection		-	
Stump	on			\r	113535	Signic	à h			eok_				
Completion	Date				Plug Bac	k Total Dep	oth		Packer S					
10-4-1982					484	10				one				
<del>-</del>			ht		Internal Diameter		Set at		Perforations		То			
4,500 9,5			ىكد	50 3.4		127		4819		1702	4712			
ubing Size	-	Weight			Internal Diameter		Set at		Perforations		То			
<u> こいつう</u> ype Comp		<b>4</b> ],	<u>0.C</u>			995	47	۲2						
	•	•			• •	id Production	on			nit or Traveling	-	/ No		
Producing.	14 1 C	nulus / Tubi	201	<del></del>	المحالة المحا				ρ <sub>Q</sub>	en ping	5 Uni	<u>Uni+</u> Gas Gravity - G。		
			iy)		% Carbon Dioxide				% ivitroy	len –	Gas G	Gas Gravity - G <sub>g</sub>		
Vertical Depth(H)				Pressure Taps				(Meter Run) (Prover) Size						
Pressure Bi	luildup:	Shut in	11-	122	0 13 at 2	1:00	(AM) (MA)	Taken	11-13	20	13 at 2:3	0	(AM) (M)	
Vell on Line	e:	Started		2(	) at		_ (AM) (PM) <sup>-</sup>	Taken		20	at	(	(AM) (PM)	
				····		· · · · · · · · · · · · · · · · · · ·	, , ,						() ()	
<del></del>		,				OBSERV	ED SURFACE	DATA			Duration of Shut	i-in	Hours	
Static /	Orifice	Gircle one:	- 1	Pressure	Flowing	Well Head	Casir	-		lubing	Duration		ta Book on a	
ynamic	Size	Size Prover Pres		Differential in	temperature	Temperature t	Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>c</sub> )		Wellhead Pressure (P <sub>w</sub> ) or (P <sub>c</sub> ) or (P <sub>c</sub> )		Duration (Hours)		Liquid Produced (Barrels)	
Property (	(inches)			Inches H <sub>2</sub> 0			psig	ρsia	psig	psia				
Shut-In							10							
	_	<del> </del>					<del>  /                                   </del>		·	<del> </del>	·			
Flow		<u> </u>				<u> </u>	<u> </u>		<u>_</u>	<u> </u>				
						FLOW ST	REAM ATTRI	BUTES						
Plate	-	Circle one:		Press	Grav	vitv	Flowing	Dev	iation	Metered Flov	v GOR		Flowing	
Coeffiecient (F <sub>b</sub> ) (F <sub>p</sub> ) Pn Mcfd		nver Pressure		Extension	Fact	tor	Temperature Factor	rature Fa	actor R F <sub>pv</sub> (Mcfd)		(Cubic Fo		et/ Fluid Gravity G <sub>m</sub>	
				√ P <sub>m</sub> xh	F,	ı	F <sub>(1</sub>	F			Barrel	)		
			1	<del></del>	<del>                                     </del>		····		-		<del>-</del>		<del>  "</del>	
				<del></del>				<u> </u>					<u></u>	
					(OPEN FL	OW) (DELI\	VERABILITY)	CALCUL	ATIONS		{ <b>P</b> '	) <sup>2</sup> = 0.2	207	
P <sub>c</sub> ) <sup>2</sup> =	:	(P <sub>w</sub> )2	=	<u> </u>	P <sub>d</sub> =		% (P <sub>c</sub>	- 14.4) +	14.4 =	:	_	) <sup>2</sup> =		
			Choo	se formula 1 or 2:				sure Curve		<u> </u>				
(P <sub>c</sub> ) <sup>2</sup> - (P <sub>a</sub> ) <sup>2</sup>		$(P_c)^2 - (P_w)^2$ 1. $P_n^2 - P_a^2$			LOG of formula		Slope = "n"		n x LOG		Antilog	Open Flow Deliverability		
(P <sub>c</sub> )2- (P <sub>d</sub> )	)²	İ		. P <sub>g</sub> - P <sub>g</sub> 2	1. or 2. and divide	P <sub>2</sub> P <sub>2</sub>	Assi	igned			Antilog		Equals R x Antilog	
			divide	od by: P <sub>G</sub> <sup>2</sup> -P <sub>g</sub> <sup>2</sup>	by:		Standar	rd Slope		L		<u> </u>	(Mcfd)	
									-			1	1	
								****				1		
	<u> </u>				. I							1		
pen Flow	<del></del>		!	Mcfd @ 14.6	65 psia		Deliverabil	ity			Mcfd @ 14.65 ps	ia		
The und	dersiane	d authority	on he	half of the	Company s	tates that I	he is duly and	horized to	n make th	e ahove reno	rt and that he ha	as know	dedue of	
								_						
e facts stat	ted there	in, and that s	said re	eport is true	and correct	t. Executed	this the	13	day of	Novem	per	, 2	20 _1.3	
		Witness	(if any)	,			_			For C	ompany	KCC	: WICH	
										. 3. 0			• •	
		For Com	mission	1	<del>.</del>		<del></del>			Chec	ked by	-NOV	7 2 6 20	
												R	ECEIVE	

Ιc	leclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
exemp	t status under Rule K.A.R. 82-3-304 on behalf of the operator Gary D. Jacobs
and th	at the foregoing pressure information and statements contained on this application form are true and
correc	t to the best of my knowledge and belief based upon available production summaries and lease records
of equi	pment installation and/or upon type of completion or upon use being made of the gas well herein named.
lh	ereby request a one-year exemption from open flow testing for the Home land 1-21
gas we	ell 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 fu	urther agree to supply to the best of my ability any and all supporting documents deemed by Commissic
staff a	s necessary to corroborate this claim for exemption from testing.
Date: _	11-15-13
	Signature: D, Jucols
	Title: Gary D. Jacobs owner foperator

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.

NOV 26 2013