RECEIVED

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Deliverability	Type Test		,	•			(See Ins	tructi	ions on Re	verse Sid	ie)						
Control County														000				
County Content County Content County County Content County County Content County			k Ga	as LLC		<u> </u>					ardt							
Heserotry Creek Heserotry	County Location									•				Acres Attributed		Attributed		
1308		Cree							nd									
4.5 in 10.5 # 4.052 1359 KB 1167' 1204' Tubing Size Meight Internal Diameter Set at Perforations Tonce Type Completion (Describe) Type Fluid Production			е	······································				k Total	Dept	h	,	Packer	Set at					
Type Fluid Production Pump Unit or Traveling Plunger? Yes / (16)	Casing Size Weight																	
Single (gas) Producing Thru (Annulus / Tubing) % Carbon Dioxide % Nitrogen Gas Gravity - G, Sasing 17 5.12 5.904 Meter Purity Pressure Buildup: Shut in 10/23 20.13 at 9:20 (M) (PM) Taken 20 at (AM) (PM) Well on Line: Started 10/24 20.13 at 9:24 (M) (PM) Taken 20 at (AM) (PM) Well on Line: Started 10/24 20.13 at 9:24 (M) (PM) Taken 20 at (AM) (PM) OBSERVED SURFACE DATA OBSERVE	_	ize		Weigh	it		Internal Diameter			Set at		Perforations			То			
Producing Thru (Annulus / Tubing) Assing 9.17 Pressure Taps Pressure Taps Pressure Taps Pressure Raps Pre		•	n (De	escribe)				d Produ	ction			Pump U	nit or Traveling	Plunger	? Yes	/ No		
Pressure Buildup: Shut in 10/23 20 13 at 9:20 (MM) (PM) Taken 20 at (AM) (PM) Well on Line: Started 10/24 20 13 at 9:24 (MM) (PM) Taken 20 at (AM) (PM) OBSERVED SURFACE DATA Duration of Shut-in 24:07 Hour Casing Well head (Passure (Inches) Pressure page (Pm) Inches H ₂ 0 (Pm) (Pm) (Pm) (Pm) (Pm) (Pm) (Pm) (Pm)	Producing Thru (Annulus / Tubing)										-							
Well on Line: Started 10/24 20 13 at 9:24 (AM) (PM) Taken 20 at (AM) (PM) OBSERVED SURFACE DATA Duration of Shut-in 24:07 Hounds (Part of Proper Pressure (Inches) Prover Pressure paid (Part of Prover Pressure Part of Prover Pressure Pre	Vertical D	Pepth(H	1)					. '	Press	sure Taps			, ,		_		rover) Size	
Static / Orifice Meler Properly (Inches) Pressure Well Head (Inches) Pressure (Inches) Pressure (Inches) Pressure (Inches) Pressure (Inches) Properly (Inc	Pressure	Buildu	p: :	Shut in 10/	23					_								
State Orifice Size Pressure Prover Pressure Prover Pressure Property Inches H ₂ 0 Flowing Prover Pressure Press Gravity Flowing Temperature Factor Fac	Well on L	ine:		Started 10/	24	2	0_13_at_9	.24	_	(PM)	Taken_		20	at _			(AM) (PM)	
Static Property (Inches) Size Property (Inches) Property (Inch	 ₁				.,		·	OBSE	RVE	SURFAC	E DATA	· ·		Duration	of Shut	_{-in_} 24	:07 Hours	
FLOW STREAM ATTRIBUTES Plate Coefficient (F _p) (F _p) Meter or psia Prover Pressure psia (OPEN FLOW) (DELIVERABILITY) CALCULATIONS (P _p) ² = (P _p) ² = (P _p) ²	Dynamic	amic Size		Meter Prover Pressu	Differen	tial	Temperature Temp		mperature (P _*) or		Pressure	Wellhe	Wellhead Pressure (P _w) or (P _t) or (P _c)				1 '	
FLOW STREAM ATTRIBUTES Plate Coefficient (F _x) (F _y) Meter or Prover Pressure psia Psia Psia Psia Psia Psia Psia Psia P	Shut-In														<u></u> -			
Plate Coefficient (F _s)(F _s) Meter or Prover Pressure pia Meter or Prover Prover Pressure Pia Meter or Prover Pressure Pia Meter or Prover Prover Pressure Pia Meter or Prover Pressure Pia	Flow	.500)		<u> </u>					59	73.4	<u> </u>						
Coefficient (F _p)(F _p) Moted Prover Pressure psia P _{nxh}				Circle cate:	-			FLOW	STRI	•	IBUTES		<u> </u>	-				
P _c) ² = : (P _w) ² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² = (P _c) ² =	Coeffiect	ient p)	Meter or Prover Pressure		Extensi	on	Factor		Temperature Factor		Factor F		R	1	(Cubic Fee		Fluid Gravity	
P _c) ² = : (P _w) ² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² = (P _c) ² =							<u>'</u>				<u> </u>							
Per Flow Medical Department of the Company, states that he is duly authorized to make the above report and that he has knowledge of efacts stated therein, and that said report is true and correct. Executed this the Medical Department of the Company of the Co	P _e)² =		_:_	(P _w) ² =	_ 	:		OW) (DE			-		:				<u></u>	
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 the facts stated therein, and that said report is true and correct. Executed this the 24th day of October , 20 13	or		(P	(P _c) ² - (P _w) ²		1. P _c ² -P _d ² 2. P _c ² -P _d ²		formula 1. or 2. and divide p 2_p 2		Slope = "n" or Assigned				Antilog		Deliverability Equals R x Antilog		
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 the facts stated therein, and that said report is true and correct. Executed this the 24th day of October , 20 13																		
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Ken A. Ander Milin A. Jun	The u	ındersi			behalf of	thø	Company, s						ne above repo	rt and the		s know	•	
Walter O KCC WIC	/	ر د	_	> //	Am	S	lus		_				1-1-	Y.	~			
For Commission Checked by							···			_					<i>U</i>	KU(WICH نـ	

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I declare under penalty of pe	rjury under the laws of the state of Kansas that I am authorized to request
exempt status under Rule K.A.R. 8	2-3-304 on behalf of the operator Priority Oil & Gas LLC
and that the foregoing pressure in	nformation and statements contained on this application form are true and
correct to the best of my knowledg	e and belief based upon available production summaries and lease records
· · · · · · · · · · · · · · · · · · ·	oon type of completion or upon use being made of the gas well herein named. cemption from open flow testing for the Zweygardt 1-20
gas well on the grounds that said	· · · · · · · · · · · · · · · · · · ·
(Check one)	
is a coalbed me	ethane producer
is cycled on plu	unger lift due to water
is a source of r	natural gas for injection into an oil reservoir undergoing ER
is on vacuum a	t the present time; KCC approval Docket No.
✓ is not capable	of producing at a daily rate in excess of 250 mcf/D
	e best of my ability any and all supporting documents deemed by Commission
staff as necessary to corroborate	this claim for exemption from testing.
Date: 10/24/13	
,	
	•
	Signature: Mulin A- I
	Title: Business Manager
	- -

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.