RECEIVED

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:	;			('See Instr	uctions on Re	verse Side	?)				
Ope	en Flow			Test Date	۵٠			A DI	No. 15			
√ Del	liverabilty			12/04/1					075-20658-0	00-00		
Company Linn Ope		nc				Lease HCU				1511	Well Number B	
County Location Hamilton C SW			Section 15		TWP 21S			ING (E/W) 1W		Acres Attributed 640		
Field Bradshaw				Reservoi Winfield					thering Conn Field Servic			
Completion Date 12/12/97			Plug Bac 2970'	k Total D	epth	Packer Set at		Set at				
Casing Sit	asing Size Weight 5 9.5		Internal (4.090	Internal Diameter 4.090		Set at 2995'		orations 4'	то 2880'			
Tubing Siz	bing Size Weight 3/8 4.7		Internal I 1.995	Internal Diameter 1.995		Set at 2916'		orations	То			
Type Completion (Describe) Single Gas					Type Fluid Production Gas - Water			Pump U Pump	nit or Traveling	Plunger? Yes / No Yes		
Producing Thru (Annulus / Tubing) Annulus				% C	% Carbon Dioxide				gen	ravity - G _g		
Vertical Depth(H) 2995'					Pressure Taps Flange					.78 (Meter 2.06	Run) (Prover) Size	
Pressure I	Buildup:	Shut in12	2/03	20_13 at 1			Taken 12	2/04	20	13 _{at} 11:00		
Well on Li	ine:			20 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
					OBSER	VED SURFAC	E DATA			Duration of Shul	-in 24 Hours	
Static / Dynamic Property	Orifice Size (inches)	Circle one Meter Prover Pres psig (Pri	Differential in .	Flowing Well Heat Temperate t		Wallhaad Praceura		Tubing Wellhead Pressure (P_w) or (P_1) or (P_c) psig psia		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In						75	89.4	Pump	<u> </u>	24		
Flow												
					FLOW S	TREAM ATTE	RIBUTES					
Plate Coefficcie (F _b) (F _p Mcfd	ient _p) P	Circle one: Meter or Prover Pressure psia	Press Extension ✓ P _m xh	Gra Fac F	tor	Flowing Temperature Factor F _{ft}	Fa	riation actor = pv	Metered Flor R (Mcfd)	w GOR (Cubic F Barrel	eet/ Fluid	
				(OPEN FL	OW) (DEI	IVERABILITY) CALCUL	ATIONS				
P _c) ² =	:	(P _w) ²	1	P _d =	, ,		P _c - 14.4) +		<u> </u>	(P _a) ² = 0.207) ² =	
(P _c) ² - (P or (P _c) ² - (P		(P _c) ² - (P _w) ²	Choose formula 1 or 1. P _c ² - P _a ² 2. P _c ² - P _d divided by: P _c ² - P	1. P _c ² · P _a ² LOG of formula 2. P _c ² · P _d ² 1. or 2. and divide		Slo	Backpressure Curve Stope = "n"or Assigned Standard Stope		LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
									·		,	
Open Flow	w		Mcfd @ 14	l.65 psia		Deliverat	oility			Mcfd @ 14.65 ps	 sia	
The u	ındersign	ed authority,	on behalf of the	Company,	states tha	t he is duly a	uthorized to	o make t	he above repo	ort and that he h	as knowledge of	
ne facts st	tated ther	ein, and that	said report is tru	e and correc	t. Execu	ed this the _5	th	day of _	ecember	;	, 20 13	
					:		A	per	m A	trem	KCC WI	

I declare under penalty of periury	y under the laws of the state of Kansas that I am authorized to request
	-304 on behalf of the operator Linn Operating, Inc.
•	mation and statements contained on this application form are true and
correct to the best of my knowledge ar	nd belief based upon available production summaries and lease records
of equipment installation and/or upon t	type of completion or upon use being made of the gas well herein named.
I hereby request a one-year exem	nption from open flow testing for the HCU 1511 B
gas well on the grounds that said well:	l:
(Check one)	
is a coalbed metha	ane producer
is cycled on plunge	
is a source of natur	ıral gas for injection into an oil reservoir undergoing ER
is on vacuum at the	e present time; KCC approval Docket No
✓ is not capable of present the presen	producing at a daily rate in excess of 250 mcf/D
	est of my ability any and all supporting documents deemed by Commissio
staff as necessary to corroborate this	claim for exemption from testing.
Date: 12/5/13	
Date: / & / // /	
	Signature: Man Hunty
	9
	Title: Regulatory Compliance Advisor

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 **ECCUMPENTA** signed and dated on the front side as though it was a verified report of annual test results.

DEC 13 2013