KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				((See Instruct	tions on Re	everse Sid	le)			•	
= :	en Flo			•	Test Date	e:			API	No. 15			
√ De	eliverab	ilty			11/21/1					75-10081-	00-00		
Company Linn Ope		g Ind	>				Lease HCU				3421	Well Nu	ımber
County Hamilton		Locat NW	ion	Section 34		TWP 22S		RNG (E/W) 41W			Acres Attributed 640		
Field Bradsha	ıw				Reservoi Winfield	•				ering Conr Field Service			
Completion 10/20/64		е			Plug Bac 2600'	ck Total Dept	h		Packer S	et at			
Casing S 4.5"	Size		Weigh 9.5			To 2588	To 2588'						
Tubing S 1 1/4	ize		Weigh	nt	Internal Diameter 1.049		Set at 2589'		Perforations .		То	То	
Type Cor Single (n (D	escribe)		Type Flui Gas - \	id Production	า		Pump Un Pump	it or Travelin	g Plunger? Yes	/ No	
Producing Annulus	_	(Anı	nulus / Tubin	g)	% (Carbon Dioxi	de		% Nitroge	en	Gas G	iravity - (Э _g
Vertical D		1)				Press	sure Taps ge		***************************************	, <u> </u>		, ,	rover) Size
Pressure	Buildu	p:	Shut in11/	20 20	13 at 1	······	<u> </u>	Taken_1	1/21 ·	20	13 _{at} 11:00	AM	(AM) (PM)
Well on L	_ine:) at		(AM) (PM)	Taken	:	20	at		(AM) (PM)
						OBSERVE	D SURFAC	E DATA			Duration of Shu	t-in <u>24</u>	Hours
Static / Dynamic Property	Orifi Siz (inch	е	Circle one: Meter Prover Press	1 1	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		d Pressure	Duration (Hours)					
Shut-In			psig (Pm)	Inches H ₂ 0			psig 42	56.4	Pump	psia	24		
Flow							·					,	
						FLOW STR	EAM ATTE	RIBUTES					1
Plate Coeffiec (F _b) (F Mcfd	ient ,)	Pro	Circle one: Meter or over Pressure psia	Press Extension P _m x h	Grav Fac	tor.	Flowing Femperature Factor F ₁₁	F	viation actor F _{pv}	Metered Flo R (Mcfd)	w GOF (Cubic F Barre	eet/	Flowing Fluid Gravity G _m
						·					•		
(5.)2			(5.10			OW) (DELIV)2 = 0.2	207
(P _c) ² =		<u></u> :	(P _w) ² =	Choose formula 1 or 2:	P _d =			P _c - 14.4) -		•	(P _a)2 =	
(P _c) ² - (I or (P _c) ² - (I	P _a) ²	(F	P _c) ² - (P _w) ²	 P_c² - P_a² P_c² - P_d² divided by: P_c² - P_w² 	LOG of formula 1. or 2 and divide by:		Slo As	essure Curv pe = "n" - or ssigned dard Slope	n x I	og [Antilog	Del	pen Flow iverability R x Antilog (Mcfd)
							,						
Open Flo	w			Mcfd @ 14.6	55 psia	ia	Deliverat	oility			Mcfd @ 14.65 ps	sia	
The i	undersi	igned	d authority, o	n behalf of the	Company, s	states that h	-			•	ort and that he h		Ū
he facts s	tated t	herei	n, and that s	aid report is true	and correc	t. Executed	this the 2	nd 11	day of De	ecember /_/	<u> </u>	, ;	20 <u>13</u> .
•			Witness (if any)			1	XVM	Mr.	Phr	Company Company	ec v	VICHIT
			For Comm				-				ccked by	DEC 1	3 2013
			-							3.1.0			CEIVED

I declare unde	er penalty of perjury under the laws of the state of Kansas that I am authorized to request
kempt status und	er Rule K.A.R. 82-3-304 on behalf of the operator Linn Operating, Inc.
nd that the foreg	oing pressure information and statements contained on this application form are true and
orrect to the best	of my knowledge and belief based upon available production summaries and lease records
equipment insta	llation and/or upon type of completion or upon use being made of the gas well herein named.
I hereby reque	st a one-year exemption from open flow testing for the HCU 3421
as well on the gro	ounds 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
V	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
aff as necessary	to corroborate this claim for exemption from testing.
,	
ate: /2/2/	13
•	
·	Signature: Man Hierren
	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 form must be signed and dated on the front side as though it was a verified report of annual test results.

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