RECEIVED

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:			(See Instruct	ions on Re	verse Side)			
= :	en Flow			Test Date	9 ;			API	No. 15		
Del	liverabilty			09/14/1					007-23219-0	00-00	
Company WOOLS		RATING CO	MPANY, LLC			Lease LOGAN		-		5-X	Well Number
County BARBER	₹	Locat W/2 NI		Section 19		TWP 34S		RNG (E/1	W)		Acres Attributed
Field STRANA	THAN			Reservoir MISSIS	, SIPPIAN			Gas Gath	hering Conne	ection	
Completic 2/1/08	on Date			Plug Bac 5054	k Total Dept	h		Packer S NONE	et at		
Casing Si 4.500	iz o	Weigl 10.50		Internal D 4.052	Diameter	Set a 510		Perfor 4650	rations	то 4830	
Tubing Si 2.375	ZĐ	Weigl 4.70	ht	Internal C	Diameter	Set a	at	-	rations	То	
Type Com					d Production	<u> </u>		OPE Pump Un	it or Traveling	Plunger? Yes	/ No
SINGLE				WATE				PUMP			
Producing ANNUL	-	nnulus / Tubin	ig)	% C	% Carbon Dioxide			% Nitrogen Ga			avity - G _g
Vertical D	epth(H)				Pres	sure Taps				(Meter I	Run) (Prover) Size
Pressure	Buildup:	Shut in09/	/14/13 _ 2	0 at		(AM) (PM)	Taken_09	9/15/13	20	at	(AM) (PM)
Well on L	ine:	Started									(AM) (PM)
					OBŞERVE	D SURFAC	E DATA			Duration of Shut-	-in Hours
Static / Dynamic Property	Orifice Size (inches)	Circle one: Meter Prover Press psig (Pm)		Flowing Temperature t	Well Head Temperature t	Cas Wellhead (P _w) or (P	Pressure	Wellhea (P _w) or	ubing ad Pressure (P _t) or (P _o)	Duration (Hours)	Liquid Produced (Barrels)
Shut-In	<u> </u>	paig (FIII)	inches H ₂ 0			150	psia	psig 50	psia	24	
Flow											
					FLOW STR	EAM ATTR	IBUTES			.,	
Plate Coeffleci (F _b) (F Mcfd	ient _p) F	Circle one: Meter or Prover Pressure psia	Press Extension	Grav Fac F _s	tor	Flowing Femperature Factor	Fa	iation ctor	Metered Flow R (Mcfd)	y GOR (Cubic Fe Barrel)	I Gravity I
			<u> </u>	(OREN EL	OW) (DELIV	EDADII ITV) CALCUI	ATIONS			
(P _c) ² =	:	(P _w) ² =	=:	P _d =	, ,) CALCUL P _o - 14.4) +		:	(P _a) (P _d)	$y^2 = 0.207$ $y^2 = $
(P _c) ² - (F		(P _c) ² - (P _w) ²	Choose formula 1 or 2 1. P _c ² - P _e ² 2. P _c ² - P _d ² divided by: P _c ² - P _e	LOG of formula 1. or 2. and divide		Backpre Stor	ssure Curve pe = "n" - or signed ard Slope	n x l	roe [Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
Open Flor	w		Mcfd @ 14.	65 psia		Deliverab	oility			Mcfd @ 14.65 ps	ia
	_	· ·	on behalf of the	, ,		-	9	day of D	ECEMBER	rt and that he ha	as knowledge of, 20
		Witness	(if any)			-	W	n K		Company	KCC WIC
		For Com	mission			-			Cher	cked by	
		, 5, 50111							J.100		DEC 18 2

I declare	under penalty of perjury under the laws of the state of Kansas that I am authorized to request
exempt statu	s under Rule K.A.R. 82-3-304 on behalf of the operator WOOLSEY OPERATING CO., LLC
	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 lease records
of equipment	installation and/or upon type of completion or upon use being made of the gas well herein named.
I hereby	request a one-year exemption from open flow testing for the LOGAN 5X
gas well on t	he grounds that said well:
(0	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
	is not capable of producing at a daily rate in excess of 230 mc//D
	agree to supply to the best of my ability any and all supporting documents deemed by Commission essary to corroborate this claim for exemption from testing.
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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.