KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				6	See Instruct	ions on Rev	erse Side)				
Open Flow			T1 D-1-	Test Date:			4 D.I	N- 45					
Deliverabilty				09/11/13				No. 15 207-23201-0	00-00				
Company WOOLSEY OPERATING COMPANY, LLC					Lease FORES			 ≣R			Well Number B-2		
County Location BARBER SE NW				Section 26		TWP RNG (E 33S 11W		RNG (E/	W)	Acres Attributed			
Field ROUNDUP SOUTH				Reservoir MISSIS	SIPPIAN			Gas Gat	hering Conn	ection			
Completion Date 11/7/07					Plug Baci 4935	k Total Dept	h		Packer S NONE	et at			
Casing S 4.500	ize		Weight 10.50	Internal Diameter 4.052		Set at 4976		Perforations 4522		то 4642			
Tubing Size 2.375			Weight		Internal Dian		ameter Set at 4682		Perforations OPEN		То		
Type Completion (Describe) SINGLE				Type Flui	d Production				it or Traveling	Plunger? Yes	/ No		
Producing Thru (Annulus / Tubing) ANNULUS					% Carbon Dioxide			% Nitrog	Gas Gra	Gas Gravity - G			
Vertical D		H)				Press	sure Taps			<u>.</u>	(Meter F	Run) (Po	over) Size
5060 Pressure	Duilde		Shut is 09/1	1/13	in at		/AM/ /DM/	Takes 09	9/12/13		at		A.E.A.) /(D.E.A.)
Well on L		•	Snut in 20							20 at			
						ORSERVE	D SURFACE	DATA			Duration of Shut-i	in.	Houre
Static / Orifice		ice	Circle one: Meter	Pressure Differential	Flowing	Well Head	Casing Wellhead Pressure		Tubing Wellhead Pressure		Duration	Liquid Produced (Barrels)	
Dynamic Size Property (inches)			Prover Pressur psig (Pm)		Temperature Temperature		(P _w) or (P _t) or (P _c)		I .	(P _t) or (P _o)	(Hours)		
Shut-In							140		130		24		
Flow													
						FLOW STR	EAM ATTRI	BUTES	1		1		
Plate Coeffiecient (F _b) (F _p) Mcfd		Pro	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m x h	Grav Fact F _s	tor T	Flowing Femperature Factor F _{ri}	Deviation Factor F _{pv}		Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m
(D.)1			(m.)2		-		ERABILITY)					= 0.2	07
(P _c) ² =		_:	(P _w) ² =_	Choose formula 1 or 2	P _a =			_e - 14.4) +		 :	(P _a) ²	' =	
$(P_a)^2 - (P_a)^2$ or $(P_a)^2 - (P_d)^2$		(P _c) ² - (P _w) ²		1. P _g ² · P _g ² 2. P _g ² · P _g ²	2. P ² -P ² 1. or 2.		Slop	ckpressure Curve Slope = "n" or Assigned Standard Slope		LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
			- '	livided by: P _c ² - P _w	z by:	P.2-P.2	Standa	ing Stope	+				,,
									<u> </u>				
Open Flo	w	Mcfd @ 14.65 psia				Deliverability I			Mcfd @ 14.65 psia				
		-	•				-			•	ort and that he ha		
the facts s	stated t	herei	in, and that sa	id report is tru-	e and correc	t. Executed	this the 17		day of	ECEMBER	, /)	, i	₂₀ <u>13</u> .
			Witness (if	any)		NUC '	**************************************	" Us	n K	Xalla For	company		
For Commission					DEC 3 1 201 <u>3</u>				Checked by				

I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request exempt status under Rule K.A.R. 82-3-304 on behalf of the operator WOOLSEY OPERATING CO., LLC and that the 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 FORESTER B-2
gas well 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 further agree to supply to the best of my ability any and all supporting documents deemed by Commission
staff as necessary to corroborate this claim for exemption from testing. Date: 12/17/13
Signature: Win R. Mallauk. Title: FIELD MGR.

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.