KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instructions on Reverse Side)									
Open Flow					Test Date: API No. 15									
Deliverabilty					Test Date: 08/18/13					No. 15)07-21935-(0001			
Company WOOLSEY OPERATING COMPANY, LLC					Lease DIEL							Well Number A-1		
County Location BARBER SE, SE				Section 17		TWP 34S		RNG (E/W) 13W			Acres Attributed			
Field AETNA					Reservoir HERTH / MISSISSIPPI			Gas Gathering Connection APC						
Completion Date 10/24/84				Plug Bac 4736	Plug Back Total Depth 4736			Packer S NONE	et at					
Casing Size Weight 4.500 10.50				Internal E 4.052	Internal Diameter 4.052		Set at 4797		Perforations 4572		To 4722			
Tubing Si 2.375	Tubing Size Weight 2.375 4.70			Internal E 1.995	Internal Diameter 1.995				Perforations OPEN		То			
Type Completion (Describe) Commingled (Gas + Oil)					• •	Type Fluid Production WATER			Pump Unit or Traveling Plunger? Yes / No PUMPING					
Producing	ginne	Ani	nulus / Tubing	j)	% C	% Carbon Dioxide			% Nitrogen Ga			as Gravity - G _g		
Vertical D		- I)		• • • • • • • • • • • • • • • • • • • •		Pres	sure Taps				(Meter l	Run) (P	rover) Size	
Pressure	Buildu	ıp:	Shut in 08/	18/13			(AM) (PM) T	aken 08	3/19/13	20	at	((AM) (PM)	
Well on L	.ine:		Started	2	0 at		(AM) (PM) T	aken		20	at	((AM) (PM)	
			1			OBSERVE	D SURFACE	DATA	,		Duration of Shut-	in	Hours	
Static / Orifice Dynamic Size Property (inches		e	Circle one: Meter Prover Pressu psig (Pm)	Pressure Differential in Inches H.0	Flowing Temperature t	Temperature Temperature		(P _w) or (P ₁) or (P _c)		ubling ad Pressure (P ₁) or (P _c)	Duration (Hours)		Liquid Produced (Barrels)	
Shut-In	Shut-In						72	psia	psig 25	psie	24			
Flow														
				r		FLOW STR	EAM ATTRIE	UTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension ✓ P _m x h	Grav Fact F ₄	tor 1	Flowing femperature Factor F ₁₁	perature Factor		Metered Flov R (Mcfd)	GOR (Cubic Fe Barrel)		Flowing Fluid Gravity G _m	
(P _c) ² =		_:	(P _w) ² =	:	(OPEN FL		ERABILITY) (% (P _c	CALCUL - 14.4) +		:	(P _a)	² = 0.2	07	
(P _o) ² - (P _a) ² or (P _o) ² - (P _d) ²		(P _c) ² - (P _w) ²		1. P _c ² - P _d ² 2. P _c ² - P _d ² divided by: P _c ² - P _d	1. P _c ² -P _s ² LOG of formula 2. P _c ² -P _d ² 1. or 2. and divide		Backpressur Slope = or- Assign Standard		n x t	.og []	Antilog	Equals		
				GIVE BY. 1 C * C W	- J.		Startoal						(Mcfd)	
Open Flow Mcfd @ 14.6				.65 psia	5 psia Deliverability			Mcfd @ 14.65 psia						
The	unders	igne	d authority, or	n behalf of the	Company, s	states that h	e is duly auth			•	rt and that he ha		•	
the facts s	tated t	herei	in, and that sa	aid report is true	e and correc				1	ECEMBER	<i>U</i> 10		20 13	
			Witness (i	f any)		KCC /	WICH!	A .	Wm.	For	Salla Company	10	kn_	
			For Comm	ission		DEC	3 1 201 3			Chec	sked by			

I declare under penalty of perjury under the laws of the state exempt status under Rule K.A.R. 82-3-304 on behalf of the operato	•
and that the foregoing pressure information and statements con	tained on this application form are true and
correct to the best of my knowledge and belief based upon available	ole production summaries and lease records
of equipment installation and/or upon type of completion or upon u	se being made of the gas well herein named.
I hereby request a one-year exemption from open flow testing	for the DIEL A-1
gas well on the grounds that said well:	
is a coalbed methane producer is cycled on plunger lift due to water is a source of natural gas for injection into an of is on vacuum at the present time; KCC approved is not capable of producing at a daily rate in extended as the company of the best of my ability any and all staff as necessary to corroborate this claim for exemption from the Date: 12/17/13	al Docket No xcess of 250 mcf/D supporting documents deemed by Commission
Signature:	In l'Aallaylu.

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.