RECEIVED

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:			(See Instruct	ions on Rev	verse Side)					
✓ Op	en Flow			Tost Date				ADI	No. 15				
De	liverabilty	1		Test Date 12/20/13				081	No. 15 -20448 - 9	3000			
Company BEREX		 .				Lease HOLLO	DWAY				Well Nu	mber	
County Location HASKELL C SW SW			Section 20	<u>-</u>			RNG (E/W) 32W			Acres Attributed			
Field				Reservoir L MORROW			Gas Gathering Connection REDWING GAS SYS						
Completion Date 1/15/1988				Plug Bac 5628	k Total Dept	h	NO		er Set at ONE				
Casing Size Weight 5.5 14			Internal E 5.012	Diameter	Set at 5799		Perforations 5335		To 5352	то 5352			
Tubing Size Weight 2.3/4 4.7			Internal I 1.995	Diameter	Set at 5352		Perforations N/A		То				
Type Completion (Describe) SINGLE GAS				Type Flui	Type Fluid Production WATER				Pump Unit or Traveling Plunger? Yes / No PUMP				
Producing Thru (Annulus / Tubing)					% Carbon Dioxide						Gravity - G		
CASING Vertical Depth(H) 5344				Pressure Taps FLANGE							Run) (Pr	over) Size	
Pressure	Buildup:	Shut in 12/	19/2	0 13 at 8			Taken 12	2/20/	20	13 _{at} 8 am		AM) (PM)	
Well on L	ine:									at			
					OBSERVE	D SURFACE	E DATA			Duration of Shut	_{-ln_} 24	Hours	
Static / Dynamic Property	Orifice Size (inches	Meter Prover Pressu		Flowing Temperature t	Well Head Temperature	Casing Wellhead Pressure (P_w) or (P_1) or (P_3)		Wellhea	ubing ad Pressure (P ₁) or (P ₂)	Duration (Hours)	,	Liquid Produced (Barrels)	
Shut-In	•	psig (Pm)	Inches H ₂ 0			psig 30	psla	psig	psia	24			
Flow						 					1		
	t			<u> </u>	ELOW STE	EAM ATTR	IRUTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia Pn X I		Gravity Factor F ₀		Flowing femperature Factor F ₍₁	· Devi	iation ctor :	Metered Flor R (Mcfd)	(Cubic Fe	GOR (Cubic Feet/ Barrel)		
	<u>l</u>	. (0.)3	<u> </u>	•	OW) (DELIV						$t^2 = 0.20$] 07	
$(P_e)^2 = \underline{\hspace{1cm}}$ $(P_e)^2 - (P_e)^2 - (P$		(P _w) ² = : (P _e) ² - (P _w) ² 1. P _e ² - P _d ² 2. P _e ² - P _d ² divided by: P _e ² - F		LOG of formula 1. or 2.		Backpressure Curv Slope = "n"		n x l	.00 00.	(P ₄)	Open Flow Deliverability Equals R x Antilog (Mcfd)		
				<u> </u>	<u> </u>	-							
Open Flo	w I	Mcfd @ 14.65 p		.65 psia	psia		Deliverability			Mcfd @ 14.65 psia			
The	undersigi	ned authority, o	n behalf of the	Company, s	states that h	e is duly au	uthorized to	make th	e above repo	ort and that he ha	as know	ledge of	
he facts s	stated the	rein, and that s	aid report is tru	e and correc	t. Executed	this the _26	6th	day of D	ecember RC,	 	, , 2	20 13 .	
(************************************	=.	Witness (if any)			-	<i>U</i> .	~ (NV	For	Company	KC	C WICH	
		For Comm	nission			-			Che	cked by	חב	חר בני	
											nc	C 27 20	

	re under penalty of perjury under the laws of the state of Kansas that I am authorized to request tus under Rule K.A.R. 82-3-304 on behalf of the operator BEREXCO LLC
and that th	e foregoing pressure information and statements contained on this application form are true and
of equipme	ne best of my knowledge and belief based upon available production summaries and lease records nt installation and/or upon type of completion or upon use being made of the gas well herein named. y request a one-year exemption from open flow testing for the HOLLOWAY 1
	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
	er agree to supply to the best of my ability any and all supporting documents deemed by Commissio cessary to corroborate this claim for exemption from testing.
Date: <u>12/2</u>	6/13
	Signature:
	Title: PETROLEUM ENGINEER
	11d6.

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. **KCC WICHITA**