KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				0	See Instruct	ions on Rev	erse Side)					
Ор	en Flov	,			*									
De	liverabi	lty			Test Date 12-15-0					No. 15 079-20302-(0000			
Company Ressler Well Service, Inc.				Schra	Schrag C		Lease			Well Number				
County Harvey			Location	1	Section 35		TWP 22S		RNG (E/W) 3W		Acres Attributed			
Field Burrton					Reservoir Miss				Gas Gat Flange	hering Conn	ection			
Completion Date May 1977)			Plug Back Total Depti 3230		h		Packer Set at					
Casing Size 4.5		•	Weight 9.5		Internal Diameter		Set at		Perforations 3188		то 3198			
Tubing Size 2 3/8			Weight 4.7	· · · · · · · · · · · · · · · · · · ·	Internal Diameter		Set at		Perforations		То			
Type Con Perforat		(De	scribe)		Type Fluid	d Production	<u> </u>	·		nit or Traveling	Plunger? Yes	/ No		
Producing	g Thru	(Ann	ulus / Tubing)		% Carbon Dioxi					jen	Gas Gravity - G			
Annulus					0				0		2 in.			
Vertical C	Pepth(H)				Press	sure Taps				(Meter	Run) (Pi	over) Size	
Pressure	Builduc); S	Shut in	1 2	01 at 6	AM	(AM) (PM)	Taken 12	-15		01 at 6 AM		AM) (PM)	
Well on L	.ine:	5	Started								at			
						OBSERVE	D SURFACE	DATA			Duration of Shut	-in 24	Hours	
Static /	Orific	e	Circle one: Mater	Pressure Differential	Flowing	Well Head	Casi	•	1	Tubing	Duration		d Bradward	
Dynamic Siz Property (inch		Prover Pressure			Temperature t	Temperature t	Wellhead Pressure (P _w) or (P ₁) or (P _c) psig psia		Wellhead Pressure (P_w) or (P_i) or (P_c) psig psia		(Hours)	1 .	Liquid Produced (Barrels)	
Shut-In .5		40		8			100				24	0	0	
Flow				<u> </u>										
						FLOW STR	EAM ATTRI	BUTES						
Plate Coeffiec (F _p) (F Mcfd	ient ,)		Circle one: Meter or ver Pressure psia	Press Extension ✓ P _m xh	Grav Fac	tor T	Flowing Temperature Factor F _{rt}	perature Factor R (Cubic Feet)		eet/	Flowing Fluid Gravity G			
							-	 			-	-		
(D.)3			<u>-</u>				ERABILITY))2 = 0.2	07	
(P _c) ² =	1	<u>-:</u>	(P _w) ² =	oose lormula 1 or 2	P _d =		T -	- 14.4) +		·	(P _d) ² =		
(P _c) ² - (F or (P _c) ² - (F	- 1	1		I. P ² -P ² LOG of formula I. or 2. and divide by: Dy: P ² -P ² LOG of formula I. or 2. and divide by:		P _c ² -P _s ²	Slop	essure Curve ppe = "n" or ssigned dard Slope		rog	Antilog	Deli Equals	Open Flow Deliverability Equals R x Antilog (Mcfd)	
				29. T c T eV			- Old Hale	i diops						
Open Flo	w			Mcfd @ 14	65 psia		Deliverabi	lity			Mcfd @ 14.65 ps	sia		
								} Males	_	ne above repo December	ort and that he h		-	
inic racts S	ייםיבט ון	.c.e.	n, and that said	i report is true	and correc				day of	11/		1 [†]	20 01	
		<u>-</u>	Witness (if a	ny)	KANSAS	RECEIVI CORPORATIO	ED ON COMMISS	ION	Ly	1/hh	Company			
			For Commiss	ion	<u> </u>	FEB 0 6	2014 -	1	101	c	cked by	<u> </u>		
					Ç	ONSERVATIO WICHITA			,					

	I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
exe	mpt status under Rule K.A.R. 82-3-304 on behalf of the operator Ressler Well Service, Inc
anc	I that the foregoing pressure information and statements contained on this application form are true and
cor	rect to the best of my knowledge and belief based upon available production summaries and lease records
of e	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 Schrag C #1
gas	s 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
sta	ff as necessary to corroborate this claim for exemption from testing.
Dat	te: 12-20-2001
	Signature:
	Title: President

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.

RECEIVED
KANSAS CORPORATION COMMISSION FEB 0 6 2014