KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes			ONL	. 0	(See Instruct	tions on Re)	LIIADILII			
= :	oen Flo eliverab				Test Date May 21:					I No. 15 033203341	0000		
Company	ompany astelli Exploration, Inc.				,	Lease Daisy Wall			Well Number #1-20				
County Coman		Location C W/2 SE			Section 20		TWP 33S		RNG (E/W) 16W		į.	Acres Attributed	
Field Ham				Reservoir Miss + Kind				Gas Ga Oneo	thering Conn	ection			
Completion Da 5/22/80		ite			Plug Back Total Depth 5022		th		Packer	Set at			
Casing Size 2 7/8"		Weight			Internal Diameter		Set at 5098'		Perforations 4994-96, 5001-04		то -04, 5026-3	· -	
Tubing S 1 1/2"	ize	Weight			Internal Diameter		Set	Set at Pe		orations	То		
Type Completion (Describe) Commingled Zone Gas Perforations				erforations	Type Fluid Production Condensate				Pump Unit or Traveling Plunger? Yes / No Pumping				
Producin Annulu	-	(Anı	nulus / Tubin	g)		Carbon Dioxi	de		% Nitro	jen .	Gas Gra	ıvity - G _g	
Vertical [Depth(H	1)				Pres	sure Taps	~			(Meter F	lun) (Prover) Size	
Pressure	Buildu	p:	Shut in Ma	y 20	13 at 8	:00	(AM) (PM)	Taken_M	ay 21	20	13 at 8:00	(AM) (PM)	
Well on L	_ine:		Started	2	20 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
	,		r ——		ı	OBSERVE	D SURFAC	E DATA			Duration of Shut-i	n Hours	
Dynamic Si		fice Circle one: Meter Ze Prover Pressu psig (Pm)		Pressure Differential in Inches H ₂ 0	Flowing Temperature t	Well Head Temperature t	Wallhaad Praceura		Tubing Wellhead Pressure (P_w) or (P_t) or (P_c) psig psia		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In							461	475.4	pvig	pow			
Flow				<u></u>		51.004.075						W 800	
Plate			Circle one:	Press	0	FLOW STR	Flowing					Flowing	
Coeffiecient (F _b) (F _p) Mcfd		Meter or Prover Pressure psia		Extension P _m xh	Extension Fac		Factor	Deviation Factor F _{pv}		Metered Flor R (Mcfd)	W GOR (Cubic Fee Barrel)	Fluid	
(P _c) ² =		:	(P) ² =	:	•	OW) (DELIV 		') CALCUL P _c - 14.4) +		:	(P _a)² (P _d)²	= 0.207 =	
(P _c) ² - (l	P _a) ²		(P _w) ² - (P _w) ²	Choose formula 1 or : 1, P _c ² -P _d ² 2, P _c ² -P _d ² divided by: P _c ² -P _d	LOG of formula 1. or 2.	P 2 . P 2	Backpre Slo	essure Curve pe = "n" - or ssigned lard Slope	n x		Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
				C									
0 5				144.0	05			161		<u> </u>			
Open Flo				Mcfd @ 14	· ·		Deliverat				Mcfd @ 14.65 psia		
			•	n behalf of the aid report is tru	• •		-			·	ort and that he has	s knowledge of, 20 <u>13</u> .	
						KCC V				0/4	u		
			Witness (i	f any)			2 2014			7 For	Company		
·			For Comm	ission			_ =1.			Che	cked by		

I d	eclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request							
exemp	t status under Rule K.A.R. 82-3-304 on behalf of the operator Castelli Exploration, Inc.							
and th	at the foregoing pressure information and statements contained on this application form are true and							
correc	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.								
۱h	ereby request a one-year exemption from open flow testing for the Daisy Wall #1-20							
gas we	ell 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 fu	urther agree to supply to the best of my ability any and all supporting documents deemed by Commissio							
staff a	s necessary to corroborate this claim for exemption from testing.							
Date: _	July 25th, 2013							
	Signature: The Contact							
	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 KCC W!C!!TAecember 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.

JAN 02 2014