KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t: en Flo	w	• • • • • • • • • • • • • • • • • • • •		(See Instruct	ions on Re	verse Side	•)				
= '	eliverat				Test Date May 22,				API 15	وه No. 15 68 ه 0470 م	0000		
Company		lora	tion, Inc.		IVIQY ZZ,	2013	Lease Emma	Smith	10	0,1,0	#1	Well Number	
County Edwards			Location NW SE SW		Section 1		TWP 25S		RNG (E/W) 16W		***	Acres Attributed	
Field Wil		***			Reservoir Miss/K	inderhoo	k			thering Conn n Energy	ection		
Completion 1/21/57		le			Plug Bac	k Total Dept	h		Packer	Set at			
Casing Size 5 1/2"			Weig	nt	Internal Diameter		Set at 4333'		Perforations 4230-34 4240-49		To 4253-		
Tubing Size 2 3/8"			Weight		Internal Diameter		Set at		Perforations		То	То	
Type Cor Commi				erforations	Type Flui Conde	d Production	ר			nit or Traveling ing Unit	Plunger? Yes	/ No	
Producing	-	(Anr	nulus / Tubin	g)	% C	arbon Dioxi	de		% Nitrog	gen	Gas G	ravity - G _g	
Vertical D						Pres	sure Taps				(Meter	Run) (Prover) Size	
Pressure	Buildu	ıp:	Shut in Ma	y 21	13 at 8	:00	(AM) (PM)	Taken_M	ay 22	20	13 at 8:00	(AM) (PM)	
Well on Line:			Started		. 20 at		(AM) (PM)	AM) (PM) Taken		20	at	(AM) (PM)	
						OBSERVE	D SURFAC	E DATA			Duration of Shut	-in Hours	
Static / Orific Dynamic Size Property (inche		e.	Circle one: Meter Prover Press		Flowing Well Head Temperature t t		Casing Wellhead Pressure (P_w) or (P_1) or (P_0)		Tubing Wellhead Pressure (P_w) or (P_t) or (P_c)		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In			psig (Pm)	Inches H ₂ 0			psig 130	psia 144.4	psig	psia			
Flow							100						
						FLOW STR	EAM ATT	RIBUTES					
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension √ P _m x h	Grav Fac F _s	tor 1	Flowing Femperature Factor F _{ft}	re Deviation Factor F _{pv}		Metered Flor R (Mcfd)	w GOR (Cubic For Barrel	eet/ Fluid	
					(0000)	<u> </u>							
(P _c) ² =		_:	(P _w) ² =	·:	P _d =	OW) (DELIV 		P _a - 14.4) +		<u> </u>	_) ² = 0.207) ² =	
(P _c) ² - (or (P _c) ² - (P _e) ² P _d) ²	(F	P _o) ² - (P _w) ²	Choose formula 1 or 2 1. $P_o^2 - P_a^2$ 2. $P_c^2 - P_d^2$ divided by: $P_c^2 - P_d$	LOG of formula 1, or 2. and divide	P _c ² - P _w ²	Slo A	essure Curve pe = "n" - or ssigned dard Slope	l n x	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
				, c 'w	,			•					
Open Flo	w			Mcfd @ 14	65 psia		Deliveral	hility			Mcfd @ 14.65 ps	sia	
•		ionec	l authority o		,	states that h			o make ti		ort and that he h	• •	
		-	•	aid report is tru			-		day of _			, ₂₀ <u>13</u>	
					_KCC	: WICH	!!TA	1	Z	Sly	Company		
			Witness For Com		JAI	N 0 2 20)14			Che	cked by		
						RECEIV							

	eclare 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 <u>Castelli Exploration, Inc.</u>
and tha	at 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
	oment installation and/or upon type of completion or upon use being made of the gas well herein named.
l he	ereby request a one-year exemption from open flow testing for the Emma Smith #1
gas we	Il 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	rther agree to supply to the best of my ability any and all supporting documents deemed by Commissi
staff as	necessary to corroborate this claim for exemption from testing.
Date: _	July 25th, 2013
	Signature:
	Title: President
	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.

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