KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Test Date:	Type Tes	t:				(See Instruc	tions on Re	verse Side	?)					
1/20/13	Op	en Flo	w			Toot Date				۸D	1 No. 15				
County Location Section TyPe RNS (EW) Acres Attributed Section TyPe RNS (EW) Tarrison TyPe RNS (EW) Tarrison TyPe RNS (EW) Tarrison TyPe RNS (EW) Tarrison TyPe Ty	De	eliveral	oilty									00			
Field Service Field Service Field Service Field Service Field Service Field Fi			,Inc.	of Kansas				•	gh				Well Nun	nber	
Camplelion Date Completion Date Completion Date Casing Size Weight Internal Diameter Set at Perforations To 4531 3641 4050											/W)		Acres At	tributed	
Completion Date Plug Back Total Depth Packer Set at none	Field	• . ,								Gas Ga	thering Conn	ection			
11/11/75 CIBP 4150 none	4	<u>#/e</u>		Jamely (reck										
Casing Size Weight internal Diameter 4.5	•		te					th			Set at				
Type Completion (Describe) Type Fluid Production Oil/Sw Producting Thru (Annulus / Tubing) Producting Thru (Annulus / Tubing) Sy Carbon Dioxide Wiltogen Gas Gravity - G, Annulus Vertical Depth(H) Pressure Buildup: Shut in 12/19 20 13 at 9:45 am (AM) (PM) Taken 12/20 20 13 at 9:45 am (AM) (PM) Well on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM) State Ordical Depth(H) OBSERVED SURFACE DATA Observed Pressure (P) of	Casing Size			Weight						Perforations					
Producing Thru (Annulus / Tubing)		ize		Weight		Internal [Diameter					То			
Producing Thru (Annulus / Tubing) Annulus Vertical Depth(H) Pressure Taps (Meter Run) (Prover) Size (Meter Run) (Prover) Size Pressure Buildup: Shut in 12/19 20 13 at 9:45 am (AM) (PM) Taken 12/20 20 at (AM) (PM) Taken 20 at (AM) (PM) Well on Line: Starled OBSERVED SURFACE DATA Duration of Shut-in 24 Hours OBSERVED SURFACE DATA Duration of Shut-in 24 Hours Shut-in Size (Inches) Prover Pressure Prover Pressure popili (Prover) Shut-in Size (Inches) Shut-in Size (Inches) Prover Pressure Taps OBSERVED SURFACE DATA Duration of Shut-in 24 Hours Casting Tubing Wellhead Pressure (Prover Pressure		npletic	n (D	escribe)			d Production	n			-	Plunger? Yes	/ No		
Pressure Buildup: Shut in 12/19 20 13 at 9:45 am (AM) (PM) Taken 12/20 20 13 at 9:45 am (AM) (PM)	Producing	g Thru	(An	nulus / Tubing)		% C	arbon Dioxi	de			 	Gas Gra	avity - G		
Pressure Buildup: Shut in 12/19 20 13 at 9:45 am (AM) (PM) Taken 12/20 20 13 at 9:45 am (AM) (PM) (PM) Well on Line: Started 20 at (AM) (PM) Taken 20 at (AM) (PM) Taken 20 at (AM) (PM) (PM) **OBSERVED SURFACE DATA															
Well on Line: Started	Vertical D	Depth(l	1)				Pres	sure Taps				(Meter F	Run) (Pro	ver) Size	
Well on Line: Started	Pressure	Buildu	ıp:	Shut in	9 2	0 13 at 9	:45 am	(AM) (PM)	Taken 12	2/20	20	13 _{at} 9:45 ar	m (A	.M) (PM)	
Static / Orifice Dynamic Property Orifice Differential Inches H ₂ 0 Pressure Differential Temperature Inches H ₂ 0 Pressure Differential Temperature Inches H ₂ 0 Pressure Differential Temperature Inches H ₂ 0 Pressure Property Orifice Orific	Well on L	.ine:													
Wellhead Pressure Flowing Flow							OBSERVE	D SURFACI	E DATA		-	Duration of Shut-i	24	Hours	
Shut-In Pasig (Pm) Inches H ₂ 0 Pasig Pasia Pasig	Dynamic	Şiz	e:e	Meter	Differential	Temperature	Temperature	Wellhead	Pressure	Wellhe	ead Pressure		1 .	Produced	
Flow STREAM ATTRIBUTES FLOW STREAM ATTRIBUTES Flowing Temperature Factor F _p (Mcfd) Prover Prassure Psia (P _p) ² = (P _p	Property	(inch	188)			t	t					(,(3.		
FLOW STREAM ATTRIBUTES Plate Coefficient (F _a) (F _p) Moder or Prover Pressure psia (OPEN FLOW) (DELIVERABILITY) CALCULATIONS (P _a) ² = (P _c) ² = (P _c) ² - (P _c) ² Or (P _c) ²	Shut-In							27.0	41.4			24			
Plate Coefficient (F _p) (F _p) Meter or Prover Pressure psia Press Extension Pressure psia Press Extension Pressure psia Press	Flow									:					
Coefficient (F _p) (F _p) (F _p) (P _p) (Mcfd) Meter or Prover Prassure pisa Factor Fact					- 		FLOW STR	EAM ATTR	IBUTES						
(P _c) ² = : (P _w) ² = : P _d = % (P _c -14.4) + 14.4 = : (P _d) ² = (P _c) ² = : P _d = % (P _c -14.4) + 14.4 = : (P _d) ² = (P _d) ² = (P _c) ² = : P _d = % (P _c -14.4) + 14.4 = : (P _d) ² = (P _d) ² = : (P _d) ² =	Coeffied (F _b) (F	ient ,)	Pro	Meter or ver Pressure	Extension		* - т	Flowing Deviation Metered Flow GOR Temperature Factor R (Cubic Feet/ Factor F (Metric) Rarrell)		eν	Fluid Gravity				
(P _c)² = : (P _w)² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d)² = (P _c)² - (P _w)² Choose formula 1 or 2:		'	,					- ft					+		
(P _c)² = : (P _w)² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d)² = (P _c)² - (P _d)² = : (P _c)² - (P _w)² Choose formula 1 or 2: 1. P _c ² - P _c ² LOG of formula 1 or 2: 1. P _c ² - P _c ² 1. or 2. and divide by: P _c ² - P _w ² P _c ² - P _c ² P _c ² - P _w ² P _c ² - P _c ²	Ĺ	,													
Choose formula 1 or 2: 1. P _c ² - P _s ² or (P _c) ² - (P _d) ² Open Flow Deliverability Equals R x Antilog Open Flow Deliverability Equals R x Antilog (Mcfd) Open Flow Deliverability Equals R x Antilog Open Flo	(0.12			(D.)1										7	
Open Flow	(P _c) ² =		<u>-</u> :					1		14.4 =	 :	(P _d) ²	=		
Open Flow Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 20th day of RECEIVED KANSAS CORPORATION COMMISSION Wilness (if any) Wilness (if any)			(F	c)² - (P _w)²	1. $P_c^2 - P_d^2$ 2. $P_c^2 - P_d^2$	LOG of formula 1, or 2, and divide	P _c ² - P _w ²	Šlop Ass	e = "n" or signed	n x	LOG	Antilog	Delive Equals F	erability R x Antilog	
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the facts stated therein, and that said report is true and correct. Executed this the 20th day of December , 20 13 . RECEIVED KANSAS CORPORATION COMMISSION Willess (If any)	Open Flov	W			Mcfd @ 14.6	65 psia		Deliverabi	ility			Mcfd @ 14.65 psia	a a		
Witness (If any) JAN 13 2014 General For Company			-	•		and correct	. Executed	this the 20		. / n	•	rt and that he has		_	
For Commission Charlest by						J/	AN 13	- '0î4 _	- (ein,	Ma				

William States

l doolo	re under penalty of periup, under the laws of the state of Kanaga that I am authorized to request
	tre under penalty of perjury under the laws of the state of Kansas that I am authorized to request attus under Rule K.A.R. 82-3-304 on behalf of the operator Oil Producers, Inc. of Kansas
and that th	ne foregoing pressure information and statements contained on this application form are true and
	he best of my knowledge and belief based upon available production summaries and lease records
	ent installation and/or upon type of completion or upon use being made of the gas well herein named.
	by request a one-year exemption from open flow testing for the Harbaugh #1
gas well or	n 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 furthe	er agree to supply to the best of my ability any and all supporting documents deemed by Commission
staff as ne	cessary to corroborate this claim for exemption from testing.
Date: 12/2	20/13
Jaic	
	RECEIVED
	JAN 13 2014 Title:
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	Title

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.