KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Lease	Type Test	t:					6	See Ins	tructi	ions on Re	verse Sid	e)							
Definition Description D	Ор	en Fic	w				Toot Date						ADI NA	. 15					
Part Mash Collice New York Started All Section TWP New York Nobrara Reserveir Reserveir Nobrara Reserveir Reserveir Reserveir Reserveir Reser	√ De	liverat	ilty												00				
Pressure	Company Caerus \	/ Wash	Co L	.LC							ARMS		·			34-34		umber	
properties Date Purp Back Volal Depth Perforations To 1536' 1550'	ounty heyenr	ne												l				Attributed	
Size 10.5# 4" Internal Diameter Sal at 1572" N/A Internal Diameter Sal at 1536" 1550" Internal Diameter Sal at 1536"	eld herry C	Creek			-						-								
Signature State	ompletio		te				-	k Total	Dept	h			er Set	at				· -	
Description	asing Si .5"	ize							r					ions					
pe Completion (Describe) Pump Unit or Traveling Plunger? Yes / No Brine Water NO Service Brine Water NO Service Brine Water NO Service Brine Water NO Service Brine Water NO Sesure Buildup: Shut in 3/5	ubing Si I/A	ize		_	ht			Diamete	r			Pe	erforat	ions		То			
ASING AS	ype Con		n (De				Type Flui		etion				Unit	or Traveling	Plu	nger? Yes	/ No		
Pressure Taps (Meter Run) (Prover) Size	_	_	(Anı	nulus / Tubir	ıg)		% C		Dioxid	de		% Ni	-			Gas G	ravity -	G _o	
essure Buildup: Shut in 3/5 20 13 at 9:28AM (AM) (PM) Taken 3/6 20 13 at 9:43AM (AM) (PM) Taken 20 at (AM) (PM	ertical D		٦)						Press	sure Taps	•			-		(Meter	Run) (F	Prover) Size	
OBSERVED SURFACE DATA OBSERVED DURATION OBSERVED DURATED DATA OBSERVED DURATED DATA OBSERVED DURATED DATA OBSERVED DURATED DATA Duration of Shut-in Hours Italia / Orifice Meter namic Size Operly (Inches) Prover Pressure psig (Pm) Inches H,0 Flowing Prover Pressure Plate Coefficient (F) (Pm) Prover Pressure Part Flowing Part Factor Fig. (Pp) = (Buildu	ıp:	Shut in _3/5	5	2	0_13_at_9	28AN	1	(AM) (PM)	Taken_3	/6	-	20	13	9:43A	M	(AM) (PM)	
Table / Orifice mamic Size operty (inches) Prover Pressure manic Size operty (inches) Prover Pressure palg (Pm) Inches H ₂ D Inches H	Vell on L	.ine:																(AM) (PM)	
Mater Mat					-			OBSE	RVE	D SURFAC	E DATA				Dùr	ation of Shut	-in	Hours	
FLOW STREAM ATTRIBUTES Plate Conditioning Meter or Prover Pressure Pressur	Static / Dynamic Property	Siz	.0	Meter Dif		Differential in	Temperature	Tempera	Temperature	Wellhead Pressure (P _w) or (P _t) or (P _c)		We (P,	Wellhead Pressure (P_w) or (P_t) or (P_c)			1			
FLOW STREAM ATTRIBUTES Plate Coefficient	Shut-In			paig (Fin)	-	menes 11 ₂ 0			1		psia	ps	ig	psia					
Plate Coefficient (F ₂) (F ₃) Prover Pressure psla (P ₂) ² = (P ₄) ² (P ₂) ²	Flow																		
Plate Circle one: Checked by: Peass Coefficient Meter of Prover Pressure Posts of Circle one: Circle one: Circle one: Circle one: Meter of Prover Pressure Posts of Circle one: Circle one								FLOW	STR	EAM ATTR	IBUTES								
(OPEN FLOW) (DELIVERABILITY) CALCULATIONS (P _y) ² =	Coeffied (F _b) (F	ient ,)	Pro	Meter or over Pressure		Extension	Fac	tor	 ; Т	emperature Factor	F	actor		R	w	GOR (Cubic F	eeV	Fluid Gravity	
Chacked by Part 1. Part 1. Part 2. Part 2. Part 2. Part 2. Part 3. Pa			-	<u>-</u>														-	
Checked by Checked Ch		_	_		_						-							207	
(P _c) ² - (P _n) ² (P _c) ² - (P _m) ² (P _c) ² - (P _m) ² (P _c) ² (P	P ₆) ² =		-: -	(P _w)²:		se formula 1 or 2		_	_ ^*	T				 :_	_	(P _d	<i>)</i> ' =		
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 facts stated therein, and that said report is true and correct. Executed this the	or	-	(F	o _c)²- (P _w)²	2	1. $P_c^2 - P_a^2$ 2. $P_c^2 - P_d^2$	LOG of formula 1. or 2. and divide	P.2- P.	2 ₩	S1o ₁	pe	١,	x 1.00	3		Antilog	De	eliverability Is R x Antilog	
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 facts stated therein, and that said report is true and correct. Executed this the															1		<u> </u>		
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facts stated therein, and that said report is true and correct. Executed this the							•									·			
Witness (if any) For Commission Checked by APR 0 9 20			•	•-						•	_				ort ar	nd that he h			
For Commission Checked by APR 0.9 20	e lacis si	ialeu I	erei				and correc	i. EXEC		s ale		uay or	Zyn.	- <i>1</i> 3.	Au J Compa	<u>4</u>	KC.	· ——·	
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				. 2. 000										5/10		•			

l declare ur	nder penalty of perjury under the laws of the state of Kansas that I am authorized to request
	nder Rule K.A.R. 82-3-304 on behalf of the operator <u>Caerus WashCo LLC</u>
	egoing pressure information and statements contained on this application form are true and
correct to the be	est of my knowledge and belief based upon available production summaries and lease records
	stallation and/or upon type of completion or upon use being made of the gas well herein named.
I hereby red	uest a one-year exemption from open flow testing for the RUÈB FARMS 34-34
gas well on the	grounds that said well:
10 1 -	
(Cne	ck one)
<u> </u>	is cycled on plunger lift due to water
<u>_</u>	is a source of natural gas for injection into an oil reservoir undergoing ER
<u> </u>	is on vacuum at the present time; KCC approval Docket No
<u> </u>	is not capable of producing at a daily rate in excess of 250 mcf/D
	<u></u>
	•
I further ag	ree to supply to the best of my ability any and all supporting documents deemed by Commission
_	ree to supply to the best of my ability any and all supporting documents deemed by Commission ary to corroborate this claim for exemption from testing.
_	
staff as necess	
_	
staff as necess	ary to corroborate this claim for exemption from testing. 8//4
staff as necess	ary to corroborate this claim for exemption from testing. 8//4 Signature:

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

APR 09 2014