KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

County Location Section TWP RNG (E/W) Acres Attributed	Type Test:				(See Instruc	tions on Re	verse Side	9)				
Control Cont	_ :										nn		
Country Location Section TMP RNG (EW) Acres Attributed 160	Company		CollC		2/ 14/20			 :pp					ımber
Reservoir Cherry Creek Reservoir State Reservoir Notorara STONES THROW GATHERING	County		Loca				TWP	-1 1	-	W)	12-0	Acres /	Attributed
Completion Date— Plug Back Total Depth Pecker Set at	Field				Reservoi	-		_	Gas Gat				
Continue	Completic	on Date)		-Plug Bac		th	_ _	Packer-S				
Tubing Size Weight Internal Diameter Set at Perforations To 1588' Perforations Perfor	*		Weig	ht		Diameter	Set a	at		rations	То		
2.375"	4.5" Tubing Si	ize				Diameter						4'	
Pressure Buildup: Shut in 2/14 20 13 at 8:15AM (AM) (PM) Taken 2/15 20 13 at 8:30AM (2.375"		4.75		2"		158				·		
Annulus			(Describe)				n 				Plunger? Ye	es / No	
Pressure Buildup: Shut in 2/14		-	(Annulus / Tubir	ng)	-	arbon Dioxi	ide 			en	Gas	Gravity - (G ₀
Pressure Buildup: Shut in 2/14 20 13 at 8:15AM (AM) (PM) Taken 2/15 20 13 at 8:30AM (AM) (PM) Well on Line: Starled 20 at (AM) (PM) Taken 2/15 20 13 at 8:30AM (AM) (PM) Well on Line: Starled 20 at (AM) (PM) Taken 20 at (AM) (PM) Static / Orifice State (Meter Dynamic Size Property (Inches) Prover Pressure Property Prover Pressure Property Prover Pressure Prover Pressure Property Prover Pressure Property Prover Pressure Prover Pressure Prover Prover Pressure Prover Pressure Prover Pressure Prover Prover Prover Pressure Prover Prover Prover Pressure Prover Prov		epth(H)).		-	Pres	sure Taps				(Mete	er Run) (P	rover) Size
Static Orifice Orifi		Ruildur	2/1	14 - 20	13 , 8	:15AM -	(AM) (DM)	Takon 2	/15		13 , 8:30	AM	(AM) (DM)
Continue Chest one Pressure Flowing Chest one Pressure Chest one													
Static / Orifice Circle one: Mater Pressure Differential Temperature Tempera													= -1 taxaiir
Shul-In Shul-I	Static / Dynamic		Meter .	Pressure Differential	Flowing	Well Head	Ca: Wellhead	sing f Pressure	Wellhe	lubing ad Pressure	- Duration	Liqui	d Produced
Flow STREAM ATTRIBUTES Plate Coefficient (F ₃) (F _p) Pross Extension Factor Factor F _{actor} F _{p.} (Cubic Feet) F _{actor} F _{p.} (Midd) (Gravity G _{aravity} F _{actor} F _{p.} (Midd) (Gravity G _{aravity} G _{aravity} F _{actor} F _{p.} (Midd) (Gravity G _{aravity} G _{aravity} F _{actor} F _{p.} (P _c) ² = (P _c	- ' - ' -	(inche	2)		t	t	psig	 			(10210)	<u> </u>	
FLOW STREAM ATTRIBUTES Plate Coefficient (F ₂)(F ₃) Mold Plate (P ₃)(F ₃) Mold Press Extension Factor F ₈ F ₁₀ F ₂ F ₁₁ F ₂ F ₁₁ F ₂ F ₁₁ F ₂ F ₂ F ₃ F ₄ F ₄ F ₄ F ₅ F ₁₁ F ₅ F ₁₁ F ₂ F ₃ F ₄ F ₄ F ₅ F ₁₁ F ₂ F ₃ F ₄ F ₄ F ₅ F ₁₁ F ₂ F ₃ F ₄ F ₄ F ₅ F ₁₁ F ₂ F ₃ F ₄ F ₄ F ₄ F ₄ F ₅ F ₁₀ F ₁₀ F ₂ F ₂ F ₃ F ₄				<u> </u>	_		82		<u> </u>	 		- +	
Plate Coefficient Meter or Prover Pressure Extension Factor Fig. Flowing Temperature Factor Factor Fig. Flowing Temperature Factor Factor Fig. Flowing Temperature Factor Factor Factor Fig. Flowing Temperature Factor Fac	Fiow				-	FLOW STE	FAM ATTE	RIBUTES					
P _c) ² = : (P _w) ² = : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² = (Coeffieci (F _b) (F	ient p)	Meter or Prover Pressure	Extension	Fac	vity .	Flowing Temperature Factor	Dev Fa	actor	R	(Cubic	Feet/	Fluid Gravity
(P _c) ² = : (P _w) ² : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² = (P		-					-		-				-
(P _c) ² - (P _g) ² (P _c) ² (P _g	(P _c) ² =		. (P _w) ²	=:	•	• •		•		::			207
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	or	_	(P _c) ² - (P _w) ²	1. P _c ² -P _a ² 2. P _c ² -P _d ²	formula 1. or 2. and divide	P. 2 - P. 2	Slo As	ope = "n" or ssigned	I	rog	- Antilog	Del Equals	liverability s 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 the facts stated therein, and that said report is true and correct. Executed this the												- -	
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	O Fla-				75		Deliveret				M-M @ 44.05		
ne facts stated therein, and that said report is true and correct. Executed this the			ned authority (states that h			to make th			-	where of
Witness (if any)							•	_		April)		
Witness (if any) For Company APR N Q 201/4								_	In	Bu to	{	-	•
			Witness	(if any)			•			For (
For Commission Checked by RECEIVED			For Com	mission			•			Chec	cked by		

						of Kansas t			to reques	st
				-		r Caerus Wa				-
	-					tained on this	- *			
		•	-		•	ole production				- 1
				•	•	se being mad SCH	-		ein named	l.
				n from open	i ilow testing	for the <u>SCH</u>				
gas wel	ll on the gr	ounds that s	said well:				 -			
	(Check	one)	-	<u> </u>			.			
		-	d methane p	producer					-	-
	胃		n plunger lif		ter	-	-			
	뮴						! - u ! u	ED:	_	
		is a source	e of natural c	as for injec	tion into an c	ol reservoir ui	naeraoina	⊑n		
	片			gas for injectes esent time: h				LΠ		
	- I	is on vacu	um at the pre	esent time; ĥ	CC approva	al Docket No.		<u></u>		
	- V	is on vacu	um at the pre	esent time; ĥ	CC approva				.	•.
 I fu:	rther agree	is on vacui Tis not capa	um at the pre able of produ	esent time; h ucing at a da	CCC approva	al Docket No.	mcf/D		······································	sion
		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a da	CC approve aily rate in ex any and all s	al Docket No.	mcf/D		/ Commiss	sion
		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a da	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do	mcf/D		/ Commiss	sion
staff as		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a da	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do	mcf/D		/ Commiss	sion
		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a da	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do	mcf/D		/ Commiss	sion
staff as		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a da	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do	mcf/D		/ Commiss	sion
staff as		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a da	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do	mcf/D		/ Commiss	sion
staff as		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a da	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do	mcf/D		/ Commiss	sion
staff as		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; h	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do	mcf/D		/ Commiss	sion
staff as		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a date of the second s	aily rate in example and all suppressions from the	al Docket No. cess of 250 upporting do esting:	mcf/D		/ Commiss	sion
staff as		is on vacuonis not capa to supply t	um at the produ able of produ to the best o	esent time; hucing at a date of the second s	CC approve aily rate in ex any and all s	al Docket No. cess of 250 upporting do esting:	mcf/D		/ Commiss	sion

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 signed and dated on the front side as though it was a verified report of annual test results.

APR 0 9 2014

RECEIVED