KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:					t	See In:	struct	ions on Re	verse Side	<i>)</i>						
□ Ор	en Flo	w				Toot Date	·				۸D	I No. 15					
Deliverabilty					Test Date: 5/16/14				API No. 15 15-077-20755 - 0000								
Company AGV Corp								Lease Hospital				, Well Number					
County Loc Harper NW				ion N		Section 19			TWP 32			RNG (E/W) 8 W				Acres Attributed	
Field Sullivan					Reservoir Stalnaker					Gas Gathering Conn West Wichita						,	
Completion	e				Plug Bac 3700	Plug Back Total Depth 3700			Packer Set at		Set at						
Casing Size 5-1/2			Weig	ht		Diameter		Set at 3 70 0		Perforations OH 3700		то 3707					
Tubing Si 2-3/8		Weig	Weight			Internal Diameter			Set at 3690		Perforations		То				
Type Completion (Describe) Single					Type Fluid Produc Water				1			nit or Traveling ing Unit	Plunger?	Yes	/ No		
Producing Annulus	•	(Anı	nulus / Tubir	ıg)		% (arbon	Dioxid	de		% Nitro	gen		Gas Gr	avity - (3,	
Vertical D	-	1)						Press	sure Taps					(Meter I	Run) (P	rover) Size	
Pressure	Buildu	p:	Shut in _5/^	5	2	0_14_at			(AM) (PM)	Taken_5/	16	20	14 at_		((AM) (PM)	
Well on Line:			Started		2	0 at	at		(AM) (PM)	Taken	20		at		((AM) (PM)	
							OBSE	RVE	D SURFAC	E DATA			Duration of	of Shut-	in 24	Hours	
Static / Dynamic Property	Orifi Siz (inch	ize Prover Pressure		Pressure Differential in Inches H ₂ 0	Flowing Temperature t	Temper	Well Head emperature t Cas Wellhead (P _w) or (F		Pressure	Wellhe	Tubing ead Pressure or (P ₁) or (P _c) psia	Duration (Hours)		Liquid Produced (Barrels)			
Shut-in					,				psig 10.1	рана	psig	psia	24				
Flow																	
							FLOW	STR	EAM ATTR	IBUTES							
Plate Coefficcient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psla		-	Press Grav		* Tomografiiro		emperature ¡ Factor	Deviation Factor F _{pv}		Metered Flor R (Mcfd)		GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m	
			(D.)3	<u>l</u>		OPEN FL			ERABILITY	-					² = 0.2	└── ─ 07	
$(P_c)^2 = $ $(P_c)^2 - (P_a)^2$		$(P_{o})^{2} - (P_{w})^{2} = C$		Cho	ose formula 1 or 2.			Backpressure Curve		, n x	LOG D	Antik	(P _d):	Or	pen Flow iverability		
(P _e) ² - (P _d) ²				2. P ₂ -P ₂ formula 1. or 2. and divide by: P ₂ -P ₂ by:		P _c ² - P _u ²			Assigned tandard Slope					Equals R x Antilog (Mcfd)			
Open Flor	w	-			Mcfd @ 14.	65 psia			Deliverab	oility			Mcfd @ 14	4.65 psi	a	_	
The t	undersi	-	•		ehalf of the	Company,			e is duly at	uthorized to		he above repo			s know	_	
ie facts s	tated ti	nerei	n, and that s	aid	report is true	e and correc	t. Exec	cuted	this the	<u>Jiu</u>	day of <u>N</u>		2	— 	KC	c Wici	
			Witness	(if an	у)				_		. ~~	For	Company		MA	Y 3 0 20	
			For Com	nissio	חנ			_	-			Che	cked by		F	RECEIV	

l de	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 AGV Corp.
	t 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
of equip	ment installation and/or upon type of completion or upon use being made of the gas well herein named.
l he	reby request a one-year exemption from open flow testing for the Hospital #1
gas wel	l 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 fui	rther agree to supply to the best of my ability any and all supporting documents deemed by Commission
staff as	necessary to corroborate this claim for exemption from testing.
Date: 5	i/23/14
Date	
	1/ . 0
	Signature: Kurt Kobuty
	Title: Lease Operations Manager

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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