## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Deliverability   5/16/14	Type Test	:: en Flow	•			•	tructio	ons on Rev	erse Side	•					
COPY COPY.  Naughton  Section  TWP  RNG (EW)  Acres Altibused  Reservoir  NW NW  SS 5 32 10w  Gas Catharing Connection  West Wichtla  Reservoir  Mass Catharing Connection  West Wichtla  Reservoir  R	De	liverabilty			Test Date 5/16/14							00-00			
Settic   State	Company AGV Co			_					n			1	Well N	nmper	
## West Wrichita  Plug Back Total Depth	County Barber											Acres .	Attributed		
Addition	Field Little Sai	ndy Cree	ek									ection			
1.12   10.5   4463   4368   4374						Depth	1		Packer Set at						
Pump Unit or Traveling Plunger? Yes / No Single Dil & Water Production Pumping Unit or Traveling Plunger? Yes / No Single Dil & Water Pumping Unit or Traveling Plunger? Yes / No Pumping Unit or Trav	Casing S 4-1/2	ize			Internal Diameter								ļ		
Single Oil & Water Pumping Unit roducing Thru (Annulus / Tubing) % Carbon Dioxide % Nitrogen Gas Gravity - Q, or	Tubing Size Weight 2-3/8			Internal I	Internal Diameter					rations	То	•			
## Pressure Taps    Commission   Pressure Taps   Pressure Taps   Pressure Taps															
ressure Buildup: Shut in 5/27 20 14 at	Producing Annulus		nnulus / Tubin	ıg)	% (	arbon E	Dioxid	е		% Nitrog	en	Gas (	Gravity -	G <sub>g</sub>	
Continue   Started   20   at   (AM) (PM) Takon   20   at   (AM) (PM)	Vertical D	epth(H)		<u>-</u>		F	Pressu	ure Taps			·	(Mete	r Run) (F	rover) Size	
OBSERVED SURFACE DATA  OUTlice Size (inches) Prover Prossure (inches) Prover Prover Prover Prossure (inches) Prover	Pressure Buildup:		Shut in5/2	in <u>5/27</u> 20		) 14 at		(AM) (PM) Taken <u>5</u> /		28 20		14 at		(AM) (PM)	
Static / Orifice Size Meter Size Meter Prover Pressure In Inches H <sub>2</sub> 0 Pressure Inches H	Well on Line:		Started	2	0 at	at (		AM) (PM) Taken			20	at		(AM) (PM)	
Static   Orlifes   Meter   Size   Proyest Pressure   Inches						OBSE	RVED	SURFACE	DATA	_		Duration of Shu	<sub>it-in</sub> 24	Hours	
Plate   Coefficient   Coefficient   Prover Pressure   Plate   Prover Pressure   Pr	Static / Dynamic	Size	Meter Prover Press	Differential	Temperature	Temperature		Wellhead Pressure		Wellhead Pressure			1 *	1 7 1	
Flow FLOW STREAM ATTRIBUTES  Plate Coefficient (F <sub>1</sub> )(F <sub>2</sub> ) Prover Pressure pila (P <sub>2</sub> ) <sup>2</sup> = .		(inches)	psig (Pm)	Inches H <sub>2</sub> 0	' 	T T	-	psig			_ <del>-</del>			·	
Plate Coefficient (F <sub>b</sub> )(F <sub>p</sub> ) Reserve psia Pressure psia (P <sub>p</sub> ) <sup>2</sup>						-		200.4			-		-		
Plate Coefficient (F <sub>b</sub> )(F <sub>p</sub> ) Reserve psia Pressure psia (P <sub>p</sub> ) <sup>2</sup>		,			<u> </u>	FLOW	STRE	AM ATTRI	BUTES						
Poly in the state of the company, states that he is duly authorized to make the above report and that he has knowledge of a facts stated therein, and that said report is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the correct of Checked by t	Coefficient (F <sub>b</sub> ) (F <sub>p</sub> )		Meter or Prover Pressure	Extension Paxh	, Fac	tor		mperature Factor	Factor		R	(Cubic I	eet/	Fluid Gravity	
Poly in the state of the company, states that he is duly authorized to make the above report and that he has knowledge of a facts stated therein, and that said report is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the state of the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the company is true and correct. Executed this the Store of Checked by the correct of Checked by t							-								
Pen Flow  Mcfd @ 14.65 psia  Deliverability  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 acts stated therein, and that said report is true and correct. Executed this the 29th  Witness (if any)  For Commission  I. P.2-P.2  I. OG of formula Slope  Slope = "n"  Assigned Standard Slope  N x LOG  Antilog  Antilog  Open Flow  Deliverability  Antilog  Antilog  Open Flow  Deliverability  Equals R x Antilog  (Mcfd)  Antilog  Open Flow  Deliverability  Equals R x Antilog  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 day of formula for the company in the process of the process of the company in the company in the process of the process of the company in the process of the proc	P <sub>e</sub> ) <sup>2</sup> =	:	(P <sub>w</sub> )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 efacts stated therein, and that said report is true and correct. Executed this the 29th day of May , 20 14 .  Witness (it any)	or	1	(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	1. P <sub>c</sub> <sup>2</sup> -P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> -P <sub>d</sub> <sup>2</sup>	LOG of formula 1, or 2, and divide	P <sub>c</sub> <sup>2</sup> - P <sub>v</sub>	2	Slop Ass	e = "n" or signed	n x 1	roe	Äntilog	De	illverability 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 efacts stated therein, and that said report is true and correct. Executed this the 29th day of May , 20 14 .  Witness (it any)								_							
Witness (if any)  For Commission  For Commission  Executed this the 29th day of May  For Commission  Checked by  MAY 3 0 201	Open Flor	 w		Mcfd @ 14	.65 psia			Deliverabi	ility			Mcfd @ 14.65 p	sia		
Witness (it any)  For Commission  Checked by  MAY 3 0 201	The u	undersign	ed authority, c	on behalf of the	Company,	states th	at he	is duly au			•	rt and that he l	nas knov	wledge of	
For Commission Checked by MAY 3 0 201	ie facts si	tated ther	ein, and that s	said report is true	e and correc	t. Exec	uted t	his the _29	<u>eth</u>	day of M	lay —————		)	20 14	
For Commission Checked by MAY 3 0 201			Witness	(il any)			_	_		Ku	uf K	July Company	KC	C WICH	
·			For Com	mission		,		-			Chec	cked by			
						•									

exempt status und and that the foreg correct to the best of equipment insta I hereby reque	er penalty of perjury under the laws of the state of Kansas that I am authorized to request ler Rule K.A.R. 82-3-304 on behalf of the operator AGV Corp.  going pressure information and statements contained on this application form are true and of my knowledge and belief based upon available production summaries and lease records allation and/or upon type of completion or upon use being made of the gas well herein named. Lest a one-year exemption from open flow testing for the Naughton 1 pounds that said well:
(Check	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
_	e to supply to the best of my ability any and all supporting documents deemed by Commission to corroborate this claim for exemption from testing.
Date: 5/29/14	·
	Signature: 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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