KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:					(See Instructions	on Reverse Side	e)						
Open Fi	low												
Delivera	ability			Test Date:					API No	15			
					2014						₂₆₀ - 0000		
Company				0.20,		Lease					400 - 4-		lumber
Samson F	Resource	s Company				Adams						2	-34
County		Location		Section		TWP			RNG	(E/W)			Attributed
Meade	NE	NW SW SE	•	34		34			29	W			
Field				Reservoir	-				Gas Ga	thering	Connection		
Horace Se	outh			Chester	-Morrow				West	ern R	esources,	inc	
Completion Da	ate			Plug Back 1	Total Depth				Packer	Set at			
4/9/19	77												
Casing Size		Weight		Internal Dia	meter	Set at				Perfora	tions	To	
5.5		17		4.8	392	6224				59	954	6128	
Tubing Size		Weight		Internal Dia	ımeter	Set at				Perfora	itions	To	
2.375		4.7			95	6195.7	,						
Type Complet				Type Fluid					Pump l	Jnit or T	raveling Plunge	er? TYes/	No
Multiple (Vater								es
Producing The	ru (Annulus /	Tubing)		% Carbon I	Dioxide	_		% Nitro	ogen			Gas G	Sravity - Gg
Casing									_				7248
Vertical Depth					Pressure Taps	ı					(Meter F	Run) (Prover) Si	ze
6360					<u>Pipe</u>	_						2.068	
Pressure Build	•		<u>y-20</u> 20			_(AM/PM) Taker		Ma	y-21	. 20	14 at		(AM/PM)
Well on Line:		Started	20	at		_(AM/PM) Taker	ו		_	. 20	at		(AM/PM)
			-	OE	SERVED SURF	ACE DATA				Duratio	n of Shut-in	Hours	
		Circle one:	Pressure				sing		T T		bing	-	
Static /	Orifice	Meter or	Differential	Flowing		Wellhead					Pressure	Duration	quid Produc
Dynamic	Size	Prover Pressure	, ,	Temperati	, , , , , , , , , , , , , , , , , , ,	(Pw) or (I					Pt) or (Pc)	(hours)	(Barrels)
Property	inches	psig	Inches H2O	t	t	psig		sia	p:	sig	psia	+	
Shut-in		 	_			1	1:	5.4	↓			24	_
Flow		1	<u> </u>			Į			<u> </u>		ļ	<u> </u>	<u> </u>
				FL	OW STREAM AT	•		_	_				
Plate		Circle one:	Б		Q#	Flowing		_		١			Flowing
Coeffieci (Fb)(Fp		Meter or Prover Pressure	Press Extensio	.	Gravity Factor	Temperate Factor			riation actor	M	etered Flow R	GOR (Cubic Feet/	Fluid Gravity
Mcfd	•	psia	(Pm x Hw		Fg.	Ft.			pv		(Mcfd)	Barrel)	Gravity
			<u>, , , , , , , , , , , , , , , , , , , </u>			- '''		<u> </u>	<u> </u>		()	1 2	
		_		(OPEN EI	.OW) (DELIVERA	ABILITY) CAL	CIU AT	IONE		<u> </u>			
				(OFER IT	OW) (DELIVER)	ABILITY CAL	CULAI	IONS				(Pa)2= 0.207	
(Pc)2 0.2	237	(Pw)2=		Pd =		% (Pc-14.	4)+14.4	-				(Pd)2=	
(1 0)2			 _	.' • -		, (FO-14.	ייני.	,_				(Fu)z	
			_	7		Backpressure	Curve			_			
(Pc)2 - (F	Pa)	(Pc)2 - (Pw)2	Pc2 - Pa		_	Slope= "			_ [-		ANTILOG	Open	
or (Pc)2 - (P	1473		<u>Pc2 - Pd</u> Pc2 - Pw	2 LO	^G	Or		n x LO	G			Deliver	
(PG)2 - (P	'u)2		L PCZ - PW	' ² 」	L	Assigned Standard S			L	L	i ⁱ	Equals R Mo	-
						Otandare o	юрь		_			- "	il M
				- +	<u> </u>	0.695	-				f	 .	
						0.050			_		_		
Ones Flore		^	M-63 O 44 0			B # 1.00							
Open Flow		0	Mcfd @ 14.6	o psia		Deliverbility						Mcfd @ 14.6	oo psia
Thous	domianad	authority on bob	alf of the Com	nanu ototo	on that ha in duly	authorized to m	naka th			4 and #1	and he has		
					es that he is duly	aumonzeu (o n	nake (r	ie apov	e rehor	t and ti	iai,ne nas		
knowleage o	or the facts	stated therein, ar	na that sald re	port is true	and correct.	.					•		
	4L:_ 4L_		クス		Ja., af	1 m					00 14	_	
Execut	ted this the				day of	- // 1/1/2	<u> </u>	<u> </u>		, ' <u> </u>	, 20 / 1	<u> </u>	Λ -
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		 -					_//	<u>~ ///{</u>	7 0	$-\nu\nu$	70		<u></u>
		Witness (if any)								Fo	r Company		
										_	. 1/6	C 1811C	LITA
		Fa- Cara-1- 1							_	Com		CC WIC	
D 0 . 0		For Commission	, 6		1200					CI	necked by	11&1 n n n	N1 <i>1</i> .
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I declare underspenalty or 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 and that the foregoing information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon gas production records and records of equipment installation and/or type completion or upon use of the gas well herein named. I hereby request a permanent exemption from open flow testing for the gas well 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. X is incapable of producing at a daily rate in excess of 250 mcf/D
and that the foregoing information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon gas production records and records of equipment installation and/or type completion or upon use of the gas well herein named. I hereby request a permanent exemption from open flow testing for the Adams 2-34 gas well 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.
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I hereby request a permanent exemption from open flow testing for the gas well 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.
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is on vacuum at the present time; KCC approval Docket No.
Date: 5/23/2014
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Signature: NAE WWW
Signature: DAK William Title: Sa Mess Speads!
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Instruction All active gas wells must have at least an original G-2 form on file with the conservation division. If a gas well meets 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 obtain a testing exemption.

At some point during the succeeding calendar year, wellhead shut-in pressure shall be 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.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than thirty (30) days after the taking of the pressure reading. The form must be signed and dated on the front side as though it was a verified report of test results.

