KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:			(Se	e Instruc	ions on Rev	erse Side	e)			٠.
Open F	low									
Deliverabilty			5-22-14			API No. 15 ' < 071-20177-00-00				
Company			L 00_1		Lease	2		, ,	· ·	Well Number
	Operating, Inc.				Hoffman				1	•
County Greeley	Loc C SE	ation SW	Section 24	, <u> </u>	TWP 18\$		RNG (E	W)		Acres Attributed
Fleld			Reservoir				Gas Ga	thering Conn	ection	<u>-</u>
Bradshaw			Winfield				DCP M	idstream		
Completion D 10/17/79	ale		Plug Back ' 2890'	Total Depi	h ·		Packer 2868'-			.,
Casing Size 4.5"	Wei 10.		Internal Dia 4.052	meter	Set at 291:	21	Perfo	orations	То	
Tubing Size 2-3/8"	Wei	ght	Internal Dia 2.000	meter	Set at 2785		Perfo	rations	То	
Type Complet Single - Ga			Type Fluid : Water	Production	1	• .		nit or Traveling Unit - Rod	Plunger? Yes	/ No
Producing Th	ru (Annulus / Tub	ing)	% Car	bon Dioxi	de		% Nitrog	jen	Gas 6	Gravity - G _g
Vertical Deptir	n(H)		<u> </u>	Pres	sure Taps				(Meter	Run) (Prover) Size
				Flan	ge				3"	·
Pressure Build	dup: Shut in	5-21 20	14 at 1	:34	(AM) (PM)	Taken	5-2	220	14 at 1.5	34' (AM)(PM)
Well on Line:	Started	20	at		(AM) (PM)	Taken	<u>.</u>	20	at	(AM) (PM)
				BSERVE	D SURFACE		,		Duration of Shu	t-in 24 Hours
	ifice Circle one	Differential		Vell Head	Casir Wellhead P	-		Tubing ad Pressure	Duration	Liquid Produced
	ches) Prover Pres	ense in	Temperature Te	mperature t	(P _w) or (P ₁)	or (P _c)	(P _w) ∘	r (P ₁) or (P _c)	(Hours)	(Barrels)
Shut-In 3	15 psig (Pi	n) Inches H ₂ 0	-		90 90	psia	psig	psia .	24	
Flaw				i e						
		_	F	LOW STR	EAM ATTRIE	UTES				
Plate	Circle one:	Press	Gravity	_	Flowing	Devi	ation	Metered Flow	GOF	Flowing
IE \ IE \ Provet Prescure		Extension	Factor Te		mperature Fac		actor R		(Cubic Feet/ Fluid	
Mcfd	psia.	√ P _m xh	F		F _{ft}	F	p+	(Mcfd)	Barre	G _m
1	1	1		,	,		ŀ			-
	•		OPEN FLOW	n (DELIVE	RABILITY) (CALCUL	ATIONS			12 0.007
(P _c)² =	: (P _w)²		P _d =	%	•	- 14.4) +		;) ² = 0.207) ² =
		Choose formula 1 or Z:			Backpress					Open Flow
(P _a) ² - (P _a) ²	(P _c)²- (P ₄)²	1. P.º-P.º	LOG of formula	, I	' Stope		nxl	.oe	Antilog	Deliverability
or (P _e)²- (P _d)²		2, P ₀ ² -P ₀ ²	1. or 2. and divide p	2-P.2	Assig	ned		-	retues	Equals R x Antilog (Mcfd)
		divided by: Pc2 - Pg2	by:		Standan	Siope				
			_		· .		<u> </u>		<u> </u>	<u>}</u>
							1.]]
Open Flow		Mcfd @ 14.65	psia	·	Deliverabilit	у		· N	Acfd @ 14.65 ps	sia
The unders	igned authority, c	on behalf of the C	ompany, state	s that he	is duly auth	orized to	make the	e above renor	t and that he h	as knowledge of
Y :'	The second second second	aid report is true a		*.	· · · · /	7/2	ay of(Lugy	st_	
# 4	, n	agi q. i					aniC	e Ki	pleis	,
	Witness (if any)						Flor Co	pany "	
	For Coma	nission	KA	RAS CORP	eceived Oration COMM	NOISSIN	<u>. </u>	Check	ed by	

AUG 2 9 2014 CONSERVATION DIVISION

I declare 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 Horseshoe Operating, Inc. and that 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 equipment installation and/or upon type of completion or upon use being made of the gas well herein named. I hereby request a one-year exemption from open flow testing for the Hoffman #1
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 is not capable of producing at a daily rate in excess of 250 mcf/D I further 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: 8-26-14
Signature: Ance Ripley Title: Production Assistant

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.