KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruct	ions on Reve	erse Side	θ.				
☐ Op	en Flo	w			T								
Deliverabilty				7-/8-	Test Date: 7-/8-/4				API No. 15 15-075-20682 - 0001				
Company Horseshoe Operating, Inc.				<u>., , , , </u>	Lease HCU						Well Number 0831-B		
County Location Hamilton C SE			Section 8				RNG (E 41w	(W)	· · · · · · · · · · · · · · · · · · ·	Acres Attributed			
- 1-1-					Reservoir Chase(Towanda)			Gas Gar Oneok		_			
Completion 10/27/98		е			Plug Bac 2810'	k Total Dept	h		Packer S	Set at			<u></u>
Casing S 4-1/2"				Internal E 4.090"	Diameter	Set at 2850'		Perforations 2506'		то 2580'			
Tubing Si 2-3/8"	Tubing Size Weight 2-3/8" 4.7			Internal D 1.995	lameter	Set at 2363'		Perforations		То			
Type Con	nnletio	n (De				d Production		_	Pumn H	nit or Traveling	Plunger? Ves	/ No	
Single (יו עטי	330(104)		Gas - \		•		Pump		Ye		
Producing Thru (Annulus / Tubing) Annulus				% C	% Carbon Dioxide				gen	Gas G 0.78	Gas Gravity - G _g		
Vertical D	Depth(H	1)		_		Pres	sure Taps						rover) Size
2567' Flange 2.068"							-						
Pressure	Buildu	p:	Shut in	<u>/-/'/</u>	0/4 at_	,			•	20		•	(PM)
Well on L	ine:		Started	2	0 at		(AM) (PM) 1	Taken		20	at		(AM) (PM)
			_			OBSERVE	D SURFACE		,		Duration of Shut	-in_	Hours
Static / Dynamic	atic / Orifice Meter		Circle one: Meter Prover Pressu	Differential	in Temperature Te				Tubing Wellhead Pressure (P_) or (P_) or (P_)		•		id Produced (Barrels)
Shut-In	Property (inches) Shut-In		psig (Pm)	Inches H ₂ 0	t	<u> </u>	psig psia		psig psia		24	-	
Flow			_	+	<u> </u>			<u>رر</u>			_ 01 1		
_						FLOW STR	EAM ATTRIE	BUTES		<u> </u>	_		
Plate Coefficient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension P _m xh	Extension Fact		Flowing emperature Factor F ₁₁	Deviation Factor F _{p+}		Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m
			•	<u> </u>	_}								_
45.10							ERABILITY)			•		² = 0.2	207
(P _c) ² =	1	=:_	(P _w) ² =	Choose formula 1 or 2	P _d = .	 _	1	- 14.4) +		_ _	(P _d)	<u> </u>	 _
(P _c) ² - (I	"	(F	(P _w)² - (P _w)²	1. P _a ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _d ²	LOG of formula 1. or 2, and divide	P2-P2			n x	rog	Antilog	De Equal	pen Flow liverability s R x Antilog (Mcfd)
				_			<u> </u>						
Open Flo	<u> </u>			 Mcfd @ 14.			Dolinasahili	<u> </u>			Maid @ 14 CE pa		
						4-1	Deliverabili				Mcfd @ 14.65 ps		
				n behalf of the					day of _	lugu	rt and that he ha	is knov 	viedge of 20 24.
			Witness (il				Received RPORATION CO	MISSION	Jul 10	For C	company		
			ForComm	ssion		MARSHOU	,,, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Chec	ked by		

AUG 2 9 2014

exempt status un and that the fore correct to the be of equipment ins	der penalty of perjury under the laws of the state of Kansas that I am authorized to request oder Pule K.A.R. 82-3-304 on behalf of the operator Horseshoe Operating, Inc. egoing pressure information and statements contained on this application form are true and st of my knowledge and belief based upon available production summaries and lease records tallation and/or upon type of completion or upon use being made of the gas well herein named. uest a one-year exemption from open flow testing for the HCU 0831-B grounds that said well:
I further agre	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 et to supply to the best of my ability any and all supporting documents deemed by Commission my to corroborate this claim for exemption from testing.
Date: 8-20	<u>'5-14</u>
	Signature: <u>Anice Ripley</u> Title: <u>Production Assistant</u>

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.