KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	i:				((See Instruct	tions on Rev	rerse Side	e)					
Open Flow					Toot Date	Test Date:				No. 15				
De	liverab	ilty			rest Date	.				023-20840-0	00-00			
Company FOUNDATION ENERGY MANAGEMENT, LL					LLC	 LC		Lease WORKMAN				Well Number 34-31		
County Location CHEYENNE SE-SE				Section 31		TWP 3S		RNG (E/W) 41W		Acres Attributed				
						Reservoir NIOBRARA			Gas Gathering Conne		ection VKINDER MORGAN			
Completion Date 2/9/2008				Plug Bac 1662'	k Total Dept	th		Packer Set at				• =		
Casing Size 7", 41/2"			Weigh 17#,	t 10.5#	Internal Diameter 9-7/8",61/4"		Set at 311', 1709'		Perforations 1490'		To 1530'			
Tubing Size 2-3/8"			Weight 4.7#		Internal Diameter 1.995"		Set at 1571'		Perforations		То			
Type Completion (Describe) SINGLE (GAS)					d Production	n	-		Pump Unit or Traveling Plu YES		Plunger? Yes / No			
Producing Thru (Annulus / Tubing) TUBING			3)	% C	Carbon Dioxi	de	% Nitrogen		jen	Gas Gravity - G				
Vertical D)				Pres	sure Taps				(Meter I	Run) (P	rover) Size	
Pressure	Buildu	o: :	Shut in 2/2	5 2	20_14_at_1	2:00 PM	(AM) (PM)	Taken			at	— <u> </u>	AM) (PM)	
Well on Line:		Started <u>2/26</u> 20									at (AM) (PI			
						OBSERVE	D SURFACE	DATA			Duration of Shut-	_{in_} 24	Hours	
Static / Orific Dynamic Size Property (inches		Meter Prover Pressure		Pressure Differential in Inches H,0	Temperature Temperat		Wallhood Drangura		Tubing Wellhead Pressure (P_w) or (P_1) or (P_c) psig psia		, , ,		d Produced Barrels)	
Shut-In								90	psig	psia				
Flow														
						FLOW STR	EAM ATTRI	BUTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension ✓ P _m x h	Grav Fact F _g	rity T	y Flowing		iation actor	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m	
								ļ						
(P _c) ² =			(P _w) ² =		(OPEN FLO	OW) (DELIV	•	CALCUL _c - 14.4) +			(P _a) [,] (P _d)	² = 0.2	07	
(, e,	$\overline{}$	<u> </u>		Choose formula 1 or 2	_		1	sure Curve	<u> </u>	<u>_</u>	(r _d)			
(P _c) ² - (F or (P _c) ² - (F		(P	(_c) ² - (P _w) ²	 P_c² - P_a² P_c² - P_d² divided by: P_c² - P_a² 	LOG of formula 1, or 2, and divide by:	P _c ² -P _w ²	Stop Ass	e = "n" or ligned ard Slope	n x i	LOG	Antilog	Deli Equals	en Flow verability R x Antilog Mcfd)	
				<u> </u>										
Open Flov	<u> </u>		·	Mcfd @ 14.	65 psia		Deliverabi	lity		<u></u>	Mcfd @ 14.65 psi	a		
										· ·	t and that he ha		_	
ne tacts st	ated th	erei	n, and that sa	id report is true	and correct		Receive	ed	day of A			, , 2	20 14	
			Witness (ii	any)			CORPORAT <u>IO</u>		SION	For Co	отралу			
			For Comm	ssion		9	SEP 03	2014		Chest	ked by			
			i di Cuntiti							Cneck	Neu Dy			

	penalty of perjury under the laws of the state of Kansas that I am authorized to request Rule K.A.R. 82-3-304 on behalf of the operator Foundation Energy Management, LLC
and that the foregoing correct to the best of of equipment installa	ng pressure information and statements contained on this application form are true and my knowledge and belief based upon available production summaries and lease records ation and/or upon type of completion or upon use being made of the gas well herein named. a one-year exemption from open flow testing for the
is is ↓ is ↓ is ↓ is ↓ I further agree to	s a coalbed methane producer s cycled on plunger lift due to water s a source of natural gas for injection into an oil reservoir undergoing ER s on vacuum at the present time; KCC approval Docket No s not capable of producing at a daily rate in excess of 250 mcf/D supply to the best of my ability any and all supporting documents deemed by Commission of corroborate this claim for exemption from testing.
Date: 8/29/2014	
	Signature: Molel Mather Title: OPERATIONS ASSISTANT
	Title: Or LIVATIONS 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 intendeReseivedire 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.