KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Deliverability Deliverability Description Descripti	Type Test				•	(See Instruc	tions on Reve	erse Side))			
CORRESTOR DEPARTING, Inc. Parsons 2 Well Number 27 Cass Attrouted Acres Attrouted Armillon NE NE 27 23S 41W 160 Reservoir Gas Gathering Gathering Gas Gathering G	Open Flow Test Date Deliverability					14			API 075	No. 15 -20732-	0000		
Section TWP 23S 41W 160 Reservor Gas Cathering Connection Oneok Wriffield Plug Back Total Depth Packer Set at 2505 Back Total Depth Packer Set at 2505 10.5 4.00 2507 2466 2475 Per Completion (Deachbe) Profrostions To 375 4.77 1.995 Per Completion (Deachbe) Type Fluid Production Pure Set at 1.995 Per Completion (Deachbe) Type Fluid Production Pure Set at 1.995 Per Completion (Deachbe) Type Fluid Production Pure Set at 1.995 Per Completion (Deachbe) Type Fluid Production Pure Completion (Deachbe) Type Fluid Production Pure Completion (Deachbe) Type Fluid Production Pure Started Per Perseure Tape Fluid Production Pure Started Perseure Pure Started Perseure Pure Started Perseure Pure Prover Pressure In Inches Pure Pressure In Inches Pure Pressure In Inches Pure Pressure Inches Pure Pressure Pure Prover Pressure In Inches Pure Pressure Pure Prover Pressure In Inches Pure Pure Pressure Pure Pure Pressure Pure Pure Pure Pure Pure Pure Pure P	Company	ne On	aratina Ir			7-11	<i>(- </i>		_ 		7		Well Number
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Pressure	Hamiltor Field	<u> </u>	NE N	lE									160
D-22-2000 2505 10.5 1	Bradshaw					· · · · · · ·							
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Type Fluid Production Water Wa	Tubing Siz 2.375	ubing Size Weight					Set at		Perforations		То		
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 facts stated therein, and that said report is true and correct. Executed this the	Type Comp	Type Completion (Describe)			Type Flui	d Productio					g Plunger? Yes / No		
Personer Tapes Flange ressure Buildup: Shut in 20			nulus / Tubi	ng)			arbon Dioxi	ide			en	Gas Gr	avity - G _g
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The part of the pa	Well on Lir	ne:	Started		20) at		(AM) (PM) 1	aken		20	at	(AM) (PM)
Continue	<u>. </u>						OBSERVE	D SURFACE	DATA			Duration of Shut-	in 24 Hours
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 facts stated therein, and that said report is true and correct. Executed this the	Static / Dynamic	Size	Orifice Meter Differential		Temperature Temperature		Wellhead Pressure		Wellhead Pressure			Liquid Produced	
Flow STREAM ATTRIBUTES Plate Coefficient (F _p) (F _p) and Antidog Extension Prover Pressure Psator Prover Pressure Psator Psat			psig (Pm			t t		psig	psia	"		7/	
FLOW STREAM ATTRIBUTES Plate Coefficient (F _a) (F	•	,500					<u> </u>		20			24	
Plate Coefficient Motor or Prover Pressure plate (F _b) (F _c) (F	1704		1		<u>. </u>		FLOW STE	REAM ATTRIE	BUTES				<u> </u>
Choose formula 1 or 2 (P _c)²- (P _a)² (P _c)²	Coeffiecte (F _b) (F _p)		Meter or Prover Pressure		Extension		ity or	Flowing Temperature Factor		eviation Metered Flo		(Cubic Fe	et/ Fluid Gravity
Choose formula 1 or 2 (P _c)²- (P _a)² (P _c)²			-		•						•		
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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 facts stated therein, and that said report is true and correct. Executed this the	(P _c) ² - (P _a or (P _c) ² - (P _d		P _c) ² - (P _w) ²	1. P _c ² 2 P _c ²	- P _a ² - P _d ²	formula 1 or 2 and divide	P _c ² -P _w ²	Slope Assi	: = "π" or gned	}	og [Antilog	Deliverability Equals 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 facts stated therein, and that said report is true and correct. Executed this the					w								
facts stated therein, and that said report is true and correct. Executed this the day of October , 20 /4 Witness (if any) For Commission For Commission Checked by	Open Flow			Mcfd	@ 14.6	35 psia		Deliverabili	ity			Mcfd @ 14.65 ps	la
For Commission Checked by									norized t		ne above repo	ort and that he ha	as knowledge of
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	· · · · ·		For Com	mission						<u>v</u>	Che	cked by	OCT 0:

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 Parsons #2
gas well on the grounds that said well:
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 ⊞R 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:
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. 32-3-304, 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.