## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:: en Flow				(	See Instru	ctions on Re	everse Side	e)					
Deliverabilty				Test Date 9/28/14	<b>:</b> :		API No. 15 15-007-23327-0000							
Company WOOLSEY OPERATING COMPANY, LLC					Lease BELL							Well Number B-1		
County Location BARBER 1980' FNL & 1980' FWL				Section 6		TWP 34S			W)		Acres A	ttributed		
Field RHODES SOUTH				Reservoir MISSIS:				Gas Gathering APC		ection				
Completion Date 8/21/08				Plug Bac 5015	k Total De	pth		Packer S NONE	et at					
Casing S 4.500	ize		Weight 10.50		Internal Diameter 4.052			Set at <b>5061</b>		rations 1	то <b>4696</b>			
Tubing Si 2.375	ze		Weight 4.70		Internal Diameter 1.995		Set	Set at		rations N	То			
Type Completion (Describe) SINGLE			Type Flui WATE	d Producti R	on	Pump Unit PUMPIN			Plunger? Yes	/ No				
Producing Thru (Annulus / Tubing) ANNULUS				% Carbon Dioxide				% Nitroge	en	Gas Gravity - G <sub>g</sub>				
Vertical D	epth(H)					Pre	essure Taps				(Meter	Run) (Pr	over) Size	
Pressure	Buildup	: Shut in 9	/27/	14 20	) at		_ (AM) (PM)	Taken_9/	28/14	20	at	(	AM) (PM)	
Well on L	ine:	Started		20	) at		_ (AM) (PM)	Taken		20	at	(	AM) (PM)	
						OBSERV	ED SURFAC	E DATA			Duration of Shut	-in	Hours	
Static / Dynamic Property	Orific Size (inche	Meter	Circle one: Pressure Meter Differenti Prover Pressure in psig (Pm) Inches H.		Flowing Well Head Temperature t		$(P_w)$ or $(P_t)$ or $(P_c)$		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )		Duration (Hours)		Liquid Produced (Earrels)	
Shut-In				2-			170	psia	35	psia	24			
Flow														
Dist		Circle one:				FLOW ST	REAM ATTE	RIBUTES						
Plate Coeffiecient $(F_b)(F_p)$ Mcfd		Meter or Prover Pressure psia		Press Extension ✓ P <sub>m</sub> x h	Grav Fact	or Temperature		Fa	riation actor = pv	Metered Flow R (Mcfd)	w GOR (Cubic Fo Barrel	eet/	Flowing Fluid Gravity G <sub>m</sub>	
/D \2		· (D)				OW) (DELI	VERABILITY % (I					$)^2 = 0.20$	07	
$(P_c)^2 = $	a'	$ (P_w)^2 = (P_w)^2 $		ose formula 1 or 2: 1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup> ded by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	P <sub>d</sub> =		Backpressure Curve Slope = "n" or Assigned Standard Slope				Antilog	Deli Equals	Open Flow Deliverability Equals R x Antilog (Mcfd)	
				· · · ·										
Open Flor	W			Mcfd @ 14.6	35 psia		Deliverat	oility			Mcfd @ 14.65 ps	sia		
		ned authority, erein, and that						5		CTOBER	ort and that he h	7 , 2	20 14	
		Witnes	s (if an	y)				- u	evi R	For	Company KANSAS		EEIVED ATION COMMIS	
		For Co	mmissi	on			-	-		Che	cked by	OCT 2	2 2014	

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 WOOLSEY OPERATING CO., LLC 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 BELL B-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: 10/15/14  Signature: Title: FIELD MGR.

## 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.