Kansas Corporation Commission one Point Stabilized Open Flow or Deliverability Test

Static / Orifice Dynamic Size Properly (inches) Shut-In Plate Coefficient (F _p) (F _p	Type Test	l:			((See Instruct	tions on Re	verse Side)			
	Ор	en Flow										
COBRIEN ENERGY LOSALION MEAD LOSAL	[] De	liverabilt	/			_					1-0001	
Casing Size			RGY					RS RAN	ICH			
Casing Size	•								V)	KANSAS OF RO	Acres Attributed	
Casing Size	Field										ection CORPOR	ATTON COMMISSIO
Casing Size	Completio	on Date								ot at	OUNSEDIL	· < <i>U 4</i>
1.995					Diameter	Set at				10N DIVISION 5835 KS		
SINGLE GAS WATER YES-PUMP		ze	-	jht					Perforations		То	
ANNULUS			(Describe)				n	H (delibliotic) Noviles (Arbeit arres			Plunger? Yes	/ No
Flavor F	· ·	•	Annulus / Tubi	ng)	% (Carbon Dioxi	de		% Nitroge	n		ravity - G _g
Pressure Buildup: Shut in 10-27-14 20 at 0930 (AM) (PM) Taken 10-28-14 20 at 0930 (AM) (PM) (PM) Taken 20 at 0930 (AM) (PM) (PM) (PM) (PM) (PM) (PM) (PM) (P		Pepth(H)									(Meter	
Continue		Buildup:	Shut in 10)-27-14	0at_0			Taken 10)-28-14	20		
Static / Oriflice Organic Properly (inches) O	Well on L	lne:	Started	2	0 al	. W. Lain Can. 1481 - 1481 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881	(AM) (PM)	Taken	······································	20	at	(AM) (PN
Slate Property Size Property Size Property						OBSERVE	D SURFAC	E DATA			Duration of Shut	24.0 Ho
FLOW STREAM ATTRIBUTES Plate Coccession Provided Prover Pressure P	Dynamic	c / Orifice Meter Difference (inches)		Differential sure in	Temperature Temperature		Wellhead Pressure		Wellhead Pressure			Liquid Produce (Barrels)
FLOW STREAM ATTRIBUTES Plate Coefficient (F _p)(F _p) Mcfd Prover Pressure psia Circle one: (F _p)(F _p) Mcfd Coefficient (F _p)(F _p) Mcfd Prover Pressure psia Copen FLOW) (DELIVERABILITY) CALCULATIONS (P _p) ² = (Mcfd) Open Flow Mcfd © 14.65 psia Deliverability Mcfd © 14.65 psia 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 the facts stated therein, and that said report is true and correct. Executed this the 28 day of OCTOBER 20 14	Shut-In		psig (Pm) Inches H ₂ U					psig	psia	24.0	
Plate Coefficient (F _s) (F _p) (F _p) (Motd Prover Pressure paia Prover Pressure Pactor Prescription Pactor Prover Pressure Pactor Prescription Pactor Prover Prescription Pa	Flow			-								
Coefficient (F _b) (F _p				-		FLOW STR	EAM ATTR	IBUTES	·		-	
Open Flow Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia 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 the facts stated therein, and that said report is true and correct. Executed this the 28 day of OCTOBER , 20 14	Coeffictient (F _b) (F _p)		Meter of Extension Prover Pressure		Factor		remperature Fact Factor F		ctor R		(Cubic F	eet/ Fluid
Open Flow Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia 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 the facts stated therein, and that said report is true and correct. Executed this the 28 day of OCTOBER , 20 14										<u> </u>		
Open Flow Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia 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 the facts stated therein, and that said report is true and correct. Executed this the 28 day of OCTOBER , 20 14	(P _c) ² =		: (P _w) ²	==	·			-		# #### ###############################		
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 the facts stated therein, and that said report is true and correct. Executed this the 28 day of OCTOBER , 20 14	(P _e) ² - (F	P _a) ²	(P _c) ² - (P _w) ²	Chanse formula 1 or 2 1. P _c ² - P _s ² 2. P _c ² - P _d ² divided by: P _c ² - P _w	formula 1. or 2. and divide	P ₂ -P ₂	Štoj As	pe = "n" - or signed	n x L0	og .	Antilog	Open Flow Deliverability Equals R x Ant (Mcfd)
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 the facts stated therein, and that said report is true and correct. Executed this the 28 day of OCTOBER , 20 14			· · · · · · · · · · · · · · · · · · ·									
he facts stated therein, and that said report is true and correct. Executed this the 28 day of OCTOBER , 20 14					····			-				
Le triuses il elly)	_	- ,										
			Witness	i (ii any)				-		For	Company	_

exempt status under Rule K.A.R. 82-3-3 and that the foregoing pressure inform correct to the best of my knowledge an of equipment installation and/or upon ty	under the laws of the state of Kansas that I am authorized to request 304 on behalf of the operator O'BRIEN ENERGY RESOURCES nation and statements contained on this application form are true and d belief based upon available production summaries and lease records upon of completion or upon use being made of the gas well herein named.
I hereby request a one-year exempgas well on the grounds that said well:	otion from open flow testing for the RICKERS RANCH 3-20
is on vacuum at the	er lift due to water al gas for injection into an oil reservoir undergoing ER present time; KCC approval Docket No oducing at a daily rate in excess of 250 mcf/D at of my ability any and all supporting documents deemed by Commission
Date: 11/20/14	
	Signature:

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.