

KANSAS CORPORATION COMMISSION

ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:

- ☐ Open Flow
- ☐ Deliverability

Test Date:

API No. 15 -077-20721-0000

Company Onshore LLC		Lease Newberry A #4		Well Number	
County Harper	Location SW NE NE	Section 34-31S-9W	TWP	RNG (EW)	Acres Attributed
Field Spivey Grabs		Reservoir Miss	Gas Gathering Connection Pioneer		
Completion Date 8/11/82		Plug Back Total Depth 4384		Packer Set at	
Casing Size 4-1/2	Weight 10.5	Internal Diameter	Set at	Perforations open hole	To 4384-4392
Tubing Size 2-3/8	Weight	Internal Diameter	Set at	Perforations	To
Type Completion (Describe) single (oil & gas)		Type Fluid Production crude oil & saltwater		Pump Unit or Traveling Plunger? Yes / No p/u	
Producing Thru (Annulus / Tubing) annulus		% Carbon Dioxide		% Nitrogen	Gas Gravity - G _g
Vertical Depth(H)		Pressure Taps		(Meter Run) (Prover) Size	

Pressure Buildup: Shut in **Feb 4** 20 **14** at **11:05am** (AM) (PM) Taken **Feb 8** 20 **14** at **1:30pm** (AM) (PM)

Well on Line: Started **20** at **20** (AM) (PM) Taken **20** at **20** (AM) (PM)

OBSERVED SURFACE DATA									Duration of Shut-in _____ Hours		
Static / Dynamic Property	Orifice Size (Inches)	Circle or: Meter Prover Pressure psig (Pm)	Pressure Differential in Inches H ₂ O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _{cs}) or (P _i) or (P _e)		Tubing Wellhead Pressure (P _{ts}) or (P _i) or (P _e)		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-In						460	474.4			KCC	WICHITA
Flow										DEC 03 2014	

FLOW STREAM ATTRIBUTES							RECEIVED	
Plate Coefficient (F _{ps}) (F _u) Mcfd	Circle or: Meter or Prover Pressure psia	Press Extension $\sqrt{P_a \times h}$	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _d	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _n

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS							
(P _e) ² = _____	(P _a) ² = _____	P _d = _____ %	(P _e - 14.4) + 14.4 = _____	(P _e) ² = 0.207	(P _d) ² = _____		
(P _e) ² - (P _a) ² or (P _e) ² - (P _d) ²	(P _e) ² - (P _a) ²	Choose formula 1 or 2: 1. P _e ² - P _a ² 2. P _e ² - P _d ² divided by: P _e ² - P _w ²	LOG of formula 1. or 2. and divide by: P _e ² - P _w ²	Backpressure Curve Slope = "n" or Assigned Standard Slope	n x LOG	Antilog	Open Flow Deliverability Equals R x Antilog (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 **3rd** day of **Dec**, 20 **14**.

Witness (If any)

John M Kelley

For Company

For Commission

Checked by

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 Onshore 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 Newberry A #4 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: Dec 3, 2014

Signature: _____

Title: owner-operator

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.