Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

	Type Tes	t:			((See Instruc	tions on Re	verse Side	!)					
		oen Flow eliverabili			Test Date 10/13/1				AF	PI No. 15	5-10023 ~ 00	ρD		
	Company BEREXCO LLC				Lease YORK (GMC)			(GMC)	Well Number					
	County CLARK		Locat	Location E/2 E/2 W/2 NW		Section 26		TWP 33S		E/W)	Acres Attributed N/A		Attributed	
	Field SITKA				Reservoir MORROW/CHE					athering Conr OK	To SECEIVE		<u> </u>	
	Completion Date 8/19/1963				Plug Back Total Dept 5440		.h		Packer Set at NONE			OFC.		
	Casing Size 5.5		Weig 14	Weight 14		Internal Diameter 5.012		Set at 5475		orations 23	то 5430	RE	7 2 2014	
	Tubing Size 2 3/8		Weig 4.7	Weight 4.7		Internal Diameter 1.995		Set at 5354		orations PEN	То	a law	CEIVED	
Comm	Type Completion (Describe)			Type Fluid Production WTR				Pump Unit or Traveling Plunger? Yes / No PU						
	Producing Thru (Annulus / Tubing) CASING			% Carbon Dioxide				% Nitrogen Gas G			Gravity - G _g			
	Vertical Depth(H)			Pressure Taps						(Meter	Run) (Pi	rover) Size		
	Pressure Buildup:		: Shut in 10	/122	0_14_at_9	:00 A.M.	(AM) (PM)	Taken_10)/13	20	14 at 9:00 A	\.М (AM) (PM)	
	Well on Line:		Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
		1	Circle one:			OBSERVED SURFACE DATA					Duration of Shut	-in _24	Hours	
	Static / Orill Dynamic Si: Property (incl		Meter Prover Press		Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _t) or (P _c) psig psia		Tubing Wellhead Pressure (P_w) or (P_1) or (P_c) psig psia		Duration (Hours)		Liquid Produced (Barrels)	
	Shut-In						62	·			24			
	Flow					<u> </u>								
				1		FLOW STREAM ATTRIBUTES								
	Plate Coefficcient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia	Press Extension √ P _m x h	Fac	Gravity Factor F _g		Flowing Femperature Factor F ₁₁		Metered Flo R (Mcfd)	w GOR (Cubic Fe Barrel)		Flowing Fluid Gravity G _m	
							· · · · · · · · · · · · · · · · · · ·							
	(P _c) ² =		: (P _w) ² =	= ;	(OPEN FLOW) (DELIVERABILITY) CALCU $P_d = \underline{\hspace{1cm}} \% \qquad (P_c - 14.4)$			•	$(P_a)^n = 0.207$					
	(P _c) ² - (or (P _c) ² - ((P _a) ²	(P _c) ² - (P _w) ²	Choose formula 1 or 2. 1. P _c ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _w ²	LOG of formula 1. or 2. and divide		Backpressure Curvi Slope = "n" or Assigned Standard Slope		пх	LOG	Antilog	Open Fl Deliverat Equals R x (Mcfd		
													-	
	Open Flo		Metd @		4.65 psia		Deliverability				Mcfd @ 14.65 psia			
,			ned authority, o		_ :	states that h			o make t	the above repo	ort and that he ha		ledge of	
	the facts s	stated the	erein, and that s	aid report is true	and correc	t. Executed	this the _5	th N	day of 1	December	/	, , 2	20 14 .	
			Witness	(if any)			-	2	W/I	For	Company			
			For Come	mission			-			Che	cked by			

I declare under penalty of perjury under the laws of the	•
exempt status under Rule K.A.R. 82-3-304 on behalf of the ope	
and that the foregoing pressure information and statements	• •
correct to the best of my knowledge and belief based upon av	
of equipment installation and/or upon type of completion or up	•
I hereby request a one-year exemption from open flow te	sting for the
gas well on the grounds that said well:	KCC WICHITA DEC 1 2 2014
(Check one)	DEC 1 2 2014
is a coalbed methane producer	RECEIVED
is cycled on plunger lift due to water	
is a source of natural gas for injection into	
is on vacuum at the present time; KCC ap	proval 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 staff as necessary to corroborate this claim for exemption from the best of my ability any and staff as necessary to corroborate this claim for exemption from the best of my ability any and staff as necessary to corroborate this claim for exemption from the best of my ability any and staff as necessary to corroborate this claim for exemption from the best of my ability any and staff as necessary to corroborate this claim for exemption from the best of my ability any and staff as necessary to corroborate this claim for exemption from the best of my ability any and staff as necessary to corroborate this claim for exemption from the best of my ability and th	
M)	A BL
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.