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

Type Test	t:				6	See Instruct	ions on Reve	rse Side	)				
✓ Ор	en Flo	w			Test Date	<b>,.</b>			API	No. 15			
De	liverat	oilty			12/8/14	•				047	7-20223 <b>- 00</b>	00	
Company BEREN		RP	ORATION				Lease WALLA	CE-WC	OOD		1	Well Number	
County EDWARDS			Location C NW NE		Section 13		TWP 26S		RNG (E/W) 16W			Acres Attributed N/A	
Field WIL PC	OOL	EXT	-	·· ·· · · · · · · · · · · · · · · · ·	Reservoir			-	Gas Gatt	nering Conne	ection		
Completic 12/7/19		te			Plug Bad 4470	Plug Back Total Depth 4470		Packer S NONE					
Casing Si	ize		Weigh	<u> </u>	Internal Diameter 4.052		Set at 4514		Perforations 4378		To 4404		
Tubing Size 2.375			Welgh		Internal Diameter 1.995		Set at 4347		Perforations OPEN		То		
Type Con					Type Flui	Type Fluid Production				it or Traveling	Plunger? Yes	Plunger? Yes / No	
	g Thru		nulus / Tubing	)		arbon Dioxi	de	% Nitro		en	Gas Gr 0.662	Gas Gravity - G	
Vertical D		<del>1</del> )			0.107	Pres	sure Taps		0.020			Run) (Prover) Size	
N/A	. ,					FLA	NGE				N/A		
Pressure	Buildu	ıp:	Shut in	2	14 at 8	:00 AM	(AM) (PM) 1	aken_12	2/8	20	14 at 8:00 A	M(AM) (PM)	
Well on L	ine:		Started	2	0 at		(AM) (PM) 1	aken		20	at	(AM) (PM)	
						OBSERVE	D SURFACE	DATA			Duration of Shut-	in 24 Hours	
Static / Orifice Dynamic Size		ze	Circle one: Meter Prover Pressu	Pressure Differential	Flowing Temperature		Wollhoad Proceure		Tubing Wellhead Pressure (P, ) or (P, ) or (P, )		Duration (Hours)	Liquid Produced (Barrels)	
Property	Property (inches)		psig (Pm)	Inches H <sub>2</sub> 0	t	t	psig	psia	psig	psia			
Shut-in							150				24		
Flow												<u> </u>	
					1	FLOW STR	EAM ATTRIE	BUTES	<u> </u>		<del>-  </del>		
Plate Coefficcient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Pro	Circle one: Meter or over Pressure psia	Press Extension √ P <sub>m</sub> xh	Extension Fact		or Temperature		ation ctor pv	Metered Flov R (Mcfd)	w GOR (Cubic Fe Barrel)	Gravity	
4D.12					•	• •	ERABILITY)					<sup>2</sup> = 0.207	
(P <sub>c</sub> ) <sup>2</sup> =		<u>-</u> :	(P <sub>w</sub> ) <sup>2</sup> =	Choose formula 1 or 2	P <sub>d</sub> =	<del></del> `	1	- 14.4) +		<u>.</u>	(P <sub>d</sub> )		
$(P_c)^2 - (P_d)^2$ or $(P_c)^2 - (P_d)^2$		(F	P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	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> ivided by: P <sub>c</sub> <sup>2</sup> -P <sub>d</sub>	1. P <sup>2</sup> P <sup>2</sup> LOG of formula 2. P <sup>2</sup> P <sup>2</sup> 1. or 2. and divide		Backpress Slope		nxl	.00	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
				<u> </u>									
				_			<u></u>						
Open Flo	w			Mcfd @ 14	.65 psia		Deliverabil	ty		<del></del>	Mcfd @ 14,65 psi	a	
		_	-								ort and that he ha		
the facts s	tated 1	there	in, and that sa	id report is tru		Receive	d	a Nos	day of L	ecember		, 20 <u>14</u>	
			Witness (i	any)	KANSAS C	ORPORATION	COMMISSION	00	277	For	Company	<del>.</del>	
			For Comm		D	EC_24	2014 _			Che	cked by		
					0000								

CONSERVATION DIVISION WICHITA, KS

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.  Beren Corporation  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	
(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 mct/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: 12/23/14  KANSAS CORPORATION COMMISSION  Signature:   Add Add Add Add Add Add Add Add Add A	exempt status under Rule K.A.R. 82-3-304 on behalf of the operator Beren Corporation  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 Wallace-Wood #1
Date: 12/23/14  Received KANSAS CORPORATION COMMISSION Signature: Signature:	(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
CONSERVATION DIVISION  Title: Petroleum Engineer	Date: 12/23/14  Received KANSAS CORPORATION COMMISSION DEC 2 4 2014  Signature: Petroleum Engineer

## 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.