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

Type Test	t:				0	See Instruct	tions on Reve	erse Side	)				
= '	en Flo liverat		,	- M45	Test Date	):				No. 15 007-24148	-00 <i>00</i>		
Company Indian C		o., Ir	nc.				Lease Swartz-l	ndian		•	1	Well Num	ber
County Barber		Location E2 W2 W2 NE		Section 31		TWP 31		RNG (E/W) 11W		Acres Attributed			
Field Whelan					Reservoir Elgin	•			Gas Gat Atlas	hering Conne	ection	, ,	
Completion Date 05/08/2014				Plug Bac 4200	Plug Back Total Depth 4200		Packer		Set at				
Casing Size 5.5		Weigh 15.50		Internal C	Internal Diameter		Set at 4504		rations 0	то 3320			
Tubing Si 2.875	875 3416				rations	То							
Type Con						d Production	n		Pump U	nit or Traveling	Plunger? Yes	/ <b>(</b>	•
			nulus / Tubin	g)		arbon Dioxi	de		% Nitrog	jen	Gas Gr	avity - G <sub>g</sub>	
Vertical D	epth(F	<del>1</del> )		٠,	<del></del>	Pres	sure Taps				(Meter I	Run) (Pro	ver) Size
Pressure	Buildu	ıp:	Shut in 12	-30 2	014 at 0	9:00	(PM) 1	aken		20	at	(Al	M) (PM)
Well on L	.ine:		Started 12	<u>-31</u> 2	o 14 at (	9:00	AM) (PM)	raken		20	at	(A1	VI) (PM)
			Circle one:			OBSERVE	D SURFACE		1		Duration of Shut-	in 24	Hours
Static / Dynamic Property	Orif Siz (inch	ze	Meter Prover Pressi psig (Pm)	Pressure Differential In Inches H <sub>2</sub> 0	Flowing Temperature t	Well Head Temperature t	Casin Wellhead P (P <sub>w</sub> ) or (P <sub>t</sub> )	ressure or (P <sub>c</sub> )	Wellhe	Tubing ead Pressure r (P <sub>t</sub> ) or (P <sub>c</sub> )	Duration (Hours)	Duration Liquid Produce	
Shut-In			Paig ()	mondo 11 <sub>2</sub> 0	!		125	psia	125	psia			
Flow							575		100	1			
						FLOW STR	REAM ATTRIE	UTES	•				
Coeffiec (F <sub>b</sub> ) (F	Plate Coefficeient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Circle one: Meter or over Pressure psia	Press Extension ✓ P <sub>m</sub> x h	Grav Fact	tor	Flowing Temperature Factor F <sub>11</sub>	re Deviation Factor F <sub>pv</sub>		Metered Flov R (Mcfd)	GOR (Cubic Fe Barrel)		Flowing Fluid Gravity G <sub>m</sub>
(P <sub>c</sub> ) <sup>2</sup> =		_:	(P <sub>w</sub> )² =	<u> </u>	(OPEN FL		'ERABILITY) % (P <sub>o</sub>	CALCUL - 14.4) +		:	(P <sub>a</sub> ) (P <sub>d</sub> )	2 = 0.207 2 =	<b>,</b> 
(P <sub>c</sub> ) <sup>2</sup> - (l		(F	P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose 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> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	Assi	sure Curve = "n" or gned rd Slope	n x	roe	Antilog	Delive Equals F	n Flow erability R x Antilog cfd)
			į	<del></del>			i.						
Open Flo	w			Mcfd @ 14.	65 psia		Deliverabil	ity	<b>.</b>		Mcfd @ 14.65 ps	ia	
											rt and that he ha	ıs knowle	dge of
the facts s	stated 1	there	in, and that s	aid report is tru	and correc	t. Executed	I this the $\underline{\underline{3}}$	·/	<u>آ</u> شکر ۰	PECENBER		, 20	<u> 4</u> .
			Witness (	if any)	K	CC W	ICHITA	<u> </u>	Lu	ForC	Company	<del>-</del>	
			For Comm	nission	•	JAN 08	2015 -			Che	cked 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 Indian Dil 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 Swartz - Indian I 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:
Signature: Aculty Wills Title:

## 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.