KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:			(See Instruct	ions on Rev	rerse Side)			
Ор	en Flow			* D				4.51	N 45		
√ De	liverabilty	1		Test Date 11/17/20					No. 15 189-20433 -	-0000	
Company Wynn-C		perating, Ltd.				Lease Crawfor	d			C-1	Well Number
County Stevens		Locatio 4030 FNI	on & 3890 FWL	Section 29		TWP 33S		RNG (E/ 37W	W)		Acres Attributed 340
Field Gentzler	-			Reservoir Morrow	7			Gas Gat OneOK	hering Conn	ection	
Completic 02/01/79			<u> </u>	Plug Bac 6048	k Total Dept	h		Packer S N/A	let at		
Casing S 4.5	ize	Weight 10.5		Internal E 4.052	Diameter	Set a 6208	-	Perfo 608	rations 1	то 6098	
Tubing Si	ize	Weight		Internal E 1.995	Diameter	Set a 6090		Perfo	rations	То	
Type Con		(Describe)		Type Flui	d Production		<u>, </u>		nit or Traveling	Plunger? Yes	/ No
Single (Annulus / Tubing	١	Water % C	arbon Dioxi	do		No % Nitrog	on .	Gae Gr	avity - G
Casing	y 11110 (<i>/</i> -	viitidida / Tubiriy	,	/a C	AIDON DION	u o		76 Millog	CII	Gas Gie	avily - G _g
Vertical D	epth(H)				Pres Pipe	sure Taps				(Meter F 3	Run) (Prover) Size
Pressure	Buildup:	Shut in 11/	17 2	0 <u>14</u> at 8	am	(AM) (PM)	Taken_11	/18	20	14 _{at} 8 am	(AM) (PM)
Well on L	.ine:	Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)
					OBSERVE	D SURFACE	DATA			Duration of Shut-i	n_24 Hours
Static / Oynamic Property	Orifice Size (inches)	Meter Prover Pressu		Flowing Temperature t	Well Head Temperature t	Casi Wellhead I (P _w) or (P	Pressure	Wellhe	Tubing ad Pressure · (P ₁) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)
Shut-In	0.5	psig (Pm)	Inches H ₂ 0			psig 4	psia	psig 2	psia		
Flow		-									
		,		,	FLOW STR	EAM ATTRI	BUTES				
Plate Coeffied (F _b) (F	eient (p)	Circle one: Meter or Prover Pressure psia	Press Extension	Grav Fac F	tor	Flowing Femperature Factor F _n	Fa	iation ctor :	Metered Flov R (Mcfd)	w GOR (Cubic Fed Barrel)	Flowing Fluid Gravity G _m
/D \2 _		, (D.)2_		•	OW) (DELIV	•					² = 0.207
$(P_c)^2 = $: Choose formula 1 or 2				o - 14.4) + Ssure Curve		<u>'</u>	(r _d)	? =
(P _c) ² - (l		(P _a) ² - (P _w) ²	 P_c² - P_d² P_c² - P_d² divided by: P_c² - P_d² 	LOG of formula 1, or 2. and divide by:	P _c ² -P _w ²	Slop	ssure Curve be = "n" or signed ard Stope	n v	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
_				<u> </u>	<u> </u>		•				
_										-	
Open Flo	w		Mcfd @ 14.	.65 psia		Deliverab	ility			Mcfd @ 14.65 psi	a
The	undersigr	ned authority, or	behalf of the	Company,	states that h	e is duly au	ithorized t	o make ti	ne above repo	ort and that he ha	s knowledge of
the facts s	stated the	rein, and that sa	id report is trui	e and correc				day of			, 20
		Witness (i	any)	KA	REC NSAS CORPO	CEIVED RATION COM <u>I</u>	MOISSIN		For	Company	-
					— JAN	1 6 2015 ₋				cked by	
		For Comm	ISSION		OF IT				Che	скеа ру	

Ιd	The property of perjury under the laws of the state of Kansas that I am authorized to request
exemp	t status under Rule K.A.R. 82-3-304 on behalf of the operator Wynn-Crosby Operating, Ltd.
and the	at 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
	pment installation and/or upon type of completion or upon use being made of the gas well herein named.
l h	ereby request a one-year exemption from open flow testing for the Crawford C-1
gas we	ll 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
	orther agree to supply to the best of my ability any and all supporting documents deemed by Commissions necessary to corroborate this claim for exemption from testing.
Date: _	1/15/15
	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.