KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:			(See Instruct	ions on Reve	erse Side	r)					
Open Flow				Total Date:				4.001	No. 15				
Deliverabilty			Test Date: 9/8/14					000					
Company McCoy Petroleum Corporation				Lease Hill "A"						1-23	Well Number 1-23		
County Location			Section	•	TWP	•		W)	Acres Attributed				
Kiowa N/2 NE SW		23		30S									
Field			Reservoir Mississi	ppian	_	Gas Gathering Co Oneok Packer Set at			-ction				
Completion 4/23/08	on Date				Plug Back Total Deptl 5120'		none		et at				
Casing Size Weigh 4.5 10.5#			Internal Diameter		Set at 5197'		Perforations 5075		то 5108				
Tubing Size Weight 2.375				Internal D	Diameter	Set at 5116			rations	То			
Type Completion (Describe) single				d Production			Pump Unit or Trave Pump Unit		eling Plunger? Yes / No				
Producing Thru (Annulus / Tubing)				% C	arbon Dioxi	de	% Nitrogen			Gas Gravity - G			
Vertical D	Depth(H)				Pres	sure Taps		<u>.</u>		(Meter F	Run) (Pr	over) Size	
Pressure	Buildup	: Shut in9/	8 2	0_14_at_9	9:30 AM	(AM) (PM)	Taken	9/9	20	14 _{at} 9:30 Al	<u>M</u> (AM) (PM)	
Well on L	ine:	Started	20	0 at		(AM) (PM)	īaken		20	at	(AM) (PM)	
			-		OBSERVE	D SURFACE	DATA			Duration of Shut-i	n_24	Hours	
Static / Dynamic Property	Orific Size (inche	Meter Prover Pressu	Meter Differential pver Pressure in		Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)			
Shut-In	<u> </u>	psig (Pm)	Inches H ₂ 0			psig 180#	psla	psig	psia	24			
Flow			,							·		-	
					FLOW STR	EAM ATTRI	BUTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psla Press Extension ✓ P _m x h		Gravity Factor		Flowing femperature Factor F _{re}	LIEVIAUON		Metered Flow R (Mcfd)		(Cubic Feet/		
				·							. 1		
(P _c) ² =		.: (P _w)²≃		(OPEN FL		ERABILITY) % (P_	CALCUL - 14.4) +			(P _a) ² (P _a) ²	! = 0.2	07 .	
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P _c) ² - (P _w) ² (P _c) ² - (P _w) ² (P _c) ² - P _d divided by: P _c ² - P _w ²		LOG of formula 1. or 2. and divide p 2 p 2		Backpressure Curve Slope = "n"				Antilog	Ope		
			_		•						l .		
Open Flow Mcfd @ 14.65 p			65 psia	psia Deliverability			Mcfd @ 14.65 psia						
The	undersig	ned authority, or	behalf of the	Company, s	states that h	e is duly aut	horized t	o make th	e above repo	rt and that he ha	s know	ledge of	
the facts s	tated th	erein, and that sa	id report is true	and correc	t. Executed	this the/	12/12	day of D	ecember	m /	,2	<u> 14</u> .	
		Witness (i	алу)	KA	Red NSAS CORPOR	ceived RATION COMMIS	SION	\mathcal{A}	oll of	ompany			
		'For Comm	ission		DEC :	2 4 2014			Chec	ked 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 McCoy Petroleum 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 Hill "A" #1-23
gas well on the grounds that said well:
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 If 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: Vice President - Production

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.