KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Tes | t: | | | (| (See Instruct | tions on Re | everse Side | ∍) . | | | | | |
|---|-----------------------------|---|---|--|--------------------------|--|--|---|-----------------|--------------------------------|------------------------------|---|--|
| √ Op | en Flow | | | Test Date | a· | | | ΔΡΙ | No. 15 | | | | |
| Deliverabilty . | | | 12-12-14 | | | | 15-023-20-344 - 0000 | | | | | | |
| Company One Sou | | ancial Service | s, Inc | | | Lease Raile | | | | 2-29 | Well Nu | mber | |
| County Location Cheyenne SW NE SW SW | | Section 31 | | TWP 4S | | RNG (E.W) 39W | | Acres Attributed | | ttributed | | | |
| Field Wheeler | | Reservoir Niobrarar | | | | Gas Gathering Connection Priority Oil & Gas LLC | | | | | | | |
| Completion Date 6-24-94 | | | Plug Back Total Depth 1363' | | | Packer S | et at ' | | | | | | |
| Casing Size Weight 4.5" Weight 10.5 | | t | Internal Diameter 4.052 | | Set at 1390 | | Perforations 1276 | | то 1286 | | | | |
| | | Weigh | t | Internai I | Internal Diameter | | Set at 1300 | | ations | То | | | |
| Type Cor | mpletion (| Describe) | | Type Flui | id Preduction | | | | it or Traveling | Plunger? (es) | / No | | |
| Single (gas) Producing Thru (Annulus / Tubing) | | | Salt Water % Carbon Dioxide | | | | % Nitroge | • | Gas Gr | Gas Gravity - G | | | |
| Annulu | | | •• | .563 | | | | 3.543 | | | .5905 | | |
| Vertical E | Depth(H) | | | • | Press | sure Taps | | | | ∢Meter I 2" | Rum (Pr | over) Size | |
| Pressure | Buildup: | Shut in 12- | 11 20 | 14 at 1 | 2:48 | (AM) (EM) | | | | at | (. | AM) (PM) | |
| Well on L | | Started 12- | 12 20 | 14 at 1 | :04 | (AM) (M) | Taken | • | 20 . | at | (| AM) (PM) | |
| | | | | | OBSERVE | D SURFAC | E DATA | | | Duration of Shut- | _{in_} 25: | 16 Houre | |
| Static / Dynamic Property | Orifice Size (inches) | Circle ane: Meter Prover Pressu | | Flowing Temperature t | Well Head Temperature | Casing Wellhead Pressure (P_w) or (P_l) or (P_c) | | Tubing Wellhead Pressure (P_w) or (P_l) or (P_c) | | Duration (Hours) | Liquid Produced (Barrels) | | |
| Shut-In | | psig (Pm) | Inches H ₂ 0 | | | psig | psia | psig | psia | | 1 | | |
| Flow | .500 | | | | | 104 | 118:4 | | | | | | |
| | | | | " . T | FLOW STR | EAM ATT | RIBUTES | T | | | | - | |
| Plate Coeffied (F _b) (F Mofd | ient p) P | Circle one: Meter or Prover Pressure psia Pres Pres Extens ✓ Pm | | Gravity Factor F ₀ | | Temperature Fac | | viation Metered Flow actor R F _{pv} (Mcfd) | | GOR (Cubic Feet/ Barrel) | | Flowing Fluid Gravity G _m | |
| | | | | (ODEN EL | ON / DEL 11/ | CDADU ITS | | ATIONS | | | | | |
| (P _c)² = | : | (P _w) ² = | : | P _d = | OW) (DELIVI | | P _e - 14.4) + | | | | 2 = 0.20 2 = | 07 | |
| (P _c) ² - (I | | (P _o) ² - (P _w) ² | Chaoso toimula 1 or 2: 1. P _o ² - P _o ² 2. P _o ² - P _o ² divided by: P _o ² - P _o ² | LOG of formula 1. or 2. and divide by: | | Backpro Sid | essure Curve ope = "n" or ssigned dard Slope | , n x l | og [| Antilog | Op Deli Equals | en Flow verability R x Antilog Mcfd) | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | • | |
| Open Flo | w | · · · | Mcfd @ 14.6 | 35 psia | | Delivera | bility | | <u>N</u> | /lcfd @ 14.65 ps | ia | | |
| 4 | \wedge | | behalf of the | | | | 2/2 | o make th | e above repor | t and that he ha | ıs knowl | edge of | |
| X | Wy | 2 <i>9</i> | L9K | KANSAS CO | Received PRPORATION C | OMMISSION | \leq | | | | | | |
| | _ | Witness (fi | | | C 2 9 2 | | /LA | RA | 1NA For Co | Resol | nc | \in S | |
| | | For Commi | ission | | | (| | | Check | teld by | _, .= | | |

CONSERVATION DIVISION WICHITA, KS

| I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to reques | at . |
|--|---|
| exempt status under Rule K.A.R. 82-3-304 on behalf of the operator One Source Financial Services, Inc | |
| 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 Raile 2-29 | - |
| 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 | |
| is not capable of producing at a daily fate in excess of 250 months | |
| I further agree to supply to the best of my ability any and all supporting documents deemed by Commiss | sion |
| staff as necessary to corroborate this claim for exemption from testing. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| stail as necessary to corroporate this claim for exemption from testing. | |
| | |
| Date: 12-22-14 | |
| | |
| | |
| | |
| | |
| Signature: | |
| KANSAS CORPORATION COMMISSION Title: | |
| DEC 2 9 2014 | |
| CONSERVATION DIVISION | |
| WICHITA, KS | |

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.