KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:			(See Instruc	tions on Re	verse Side)					
□ Ор	en Flow			Test Date				ADI	No. 15				
De	liverabilty			05-12-2					33-00045-0	0001			
Company Te-Ray I		es, LLC			Lease Dale B					#1	Well Number #1		
County Haskell		Locat SW NE		Section 21		TWP 32s			RNG (E/W) 18w		Acres Attributed		
Field NESCAT	ΓUNGA			Reservoi MISSIS		-		Gas Gath ONEOK	nering Conn	ection			
Completic				Plug Bac 5502	k Total Dep	th		Packer S NO PA					
Casing S 5 1/2"		Weigh	nt	Internal D 4.950"		Diameter Set at 5874		Perforations 5182'		то 5223'			
	bing Size Weight 3/8" 4.7#		nt	Internal Diameter		Set at 5278'		Perforations		То			
Type Completion (Describe) SINGLE GAS					d Productio			Pump Unit or Traveling Plunge PUMPIN UNIT (YES)			er? (fes / No		
Producing Thru (Annulus / Tubing)				% Carbon Dioxide			% Nitrogen			Gas Gravity - G _g			
ANNUL Vertical D					Pres	sure Taps				(Meter	Run) (F	rover) Size	
Proceura	Buildup:	Shut in 05-	-12	0 14 at 8	:00 AM	(AM (BM)	Takan 05	5-14	20	14 at 8:00	AM	(AM) (PM)	
Well on L	•	Started 05-	14 2	0 14 at 8		(AM) (PM)				14 at 8:00A		(AM)(PM)	
					OBSERVE	D SURFAC	E DATA		1	Duration of Shu	 nt-in	Hours	
Static / Dynamic	Orifice Size	Circle one: Meter Prover Press	Pressure Differential	Flowing Temperature	Well Head Temperature	Wellhead			ubing ad Pressure (P ₁) or (P ₂)	Duration (Hours)	Liqu	quid Produced (Barrels)	
Property	(inches)	psig (Pm)	Inches H ₂ 0	t	t	psig	psia	psig	psia	(,,,,,			
Shut-In		-	_			100	114.4	100	114.72	48	0		
Flow						50	57	50	57	48	1.6		
			1		FLOW ST	REAM ATTR	IBUTES	<u> </u>					
Plate Coefficient (F _b) (F _p) Mcfd		Circle one: Meler or Inver Pressure psia Press Extension Pmxh		Gravity Factor F _g		Temperature F		viation Metered Flor actor R F _{pv} (Mcfd)		w GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m	
									 .				
(P _c) ² =	*	(P _w)² =	=:	(OPEN FL		/ERABILITY % (i	') CALCUL P _e - 14.4) +				$(a)^2 = 0.2$ $(a)^2 = 0.2$	207	
(P _a) ² - (or (P _e) ² - ((P _c)²- (P _w)²	1. P _c ² -P _a ² 2. P _c ² -P _d ² divided by: P _c ² -P _w	LOG of formula 1. or 2. and divide	P _c ² - P _w ²	Slo As	essure Curve pe = "n" - or signed lard Slope	n x i	.oo [Antitog	De	pen Flow liverability s R x Antilog (Mcfd)	
Open Flo	w		Mcfd @ 14	.65 psia		Deliverat	bility			Mcfd @ 14.65 p	sia		
	_	•	on behalf of the aid report is tru			-			e above repo EBRUARY	ort and that he l		wledge of 20 15 .	
14010 0		ong and mat a	(4 pair lo tiu	001100	2		_			 S , TNC		CC WICH:	
		Witness	(if any)			-	., <u>-</u> ,	Ma.	For	Company ANA 6		FEB 2 7 2015	
		For Com	mission			-		TO STATE	- V-7 - She	cked by	•	RECEIVE	

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 TE-RAY RESOURCES, LLC	
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 DALE B #1	
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 Commissionstaff as necessary to corroborate this claim for exemption from testing.	on
Date: 02-16-2015	
Signature:	T A
FEB 2 7 2015	j
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	2 7

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.