KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruct	tions on Rev	erse Side)				
√ Op	en Flo	N			Took Dok				4.01	N= 46			
De	liverab	ilty			Test Date 7/10/20					No. 15 7-22769 → Ø	000		
Company CMX, In							Lease House				1	Well Nu	mber
County Barber			Location NW SW		Section 12		TWP 30S		RNG (E/	W)		Acres A	Attributed
Field Kumberg	g Ext				Reservoii T arkio	1			Gas Gat Lumen	hering Conn	ection		
Completion 9/8/03	on Dat	е			Plug Bac 3050	k Total Dept	h		Packer S	Set at			
Casing S 4.5	ize		Weigh 10.5	t	Internal 0 3.927	Diameter	Set at 3049		Perfo 29 7	rations	_{То} 2986		
Tubing Si 2.375	ize		Weigh 4.7	l	Internal 0 1.995	Diameter	Set at 2990		Perfo	rations	То	•	
Type Con Single	npletior	ı (De	escribe)		Type Flui gas	d Production			Pump Ur Flow	mp Unit or Traveling Plung		nger? Yes / No	
Producing Tubing	g Thru	(Anr	nulus / Tubing))	% C	Carbon Dioxi	de		% Nitrog	en	Gas Gr	avity - C	.
Vertical D	epth(H)				Pres: Flan	sure Taps ge				(Meter I 2"	Run) (Pa	rover) Size
Pressure	Buildu	p: -	Shut in 7/9	2	14 at 7			Taken_7/	10	20	14 at 7:00 A	Μ(AM) (PM)
Well on L	.ine:		Started 7/10	2	0 <u>14</u> at <u>7</u>	:00AM	(AM) (PM)	Taken <u>7/</u>	11	20	14 at 7:00 A	<u>M</u> (AM) (PM)
			Circle one:		1	OBSERVE	D SURFACE		Г		Duration of Shut-	in 24	Hours
Static / Dynamic Property	Orific Size (inche	e	Meter Prover Pressu psig (Pm)	Pressure Differential re in Inches H ₂ 0	Flowing Temperature t	Well Head Temperature t	Casin Wellhead P $(P_w) \text{ or } (P_1)$ psig	ressure	Wellhe	ubing ad Pressure (P ₁) or (P _c)	Duration (Hours)		d Produced Barrels)
Shut-In							263	pola	polg	polic	24		
Flow													
				- '		FLOW STR	EAM ATTRIE	BUTES					
Plate Coeffiec (F _b) (F Mcfd	ient p)	Pro	Circle one: Meter or over Pressure psia	Press Extension P _m x h	Grav Fac F	tor T	Flowing Temperature Factor F _{II}	Fac	ation ctor	Metered Flow R (Mcfd)	w GOR (Cubic Fe Barrel)		Flowing Fluid Gravity G _m
					(OPEN FL	OW) (DELIV	ERABILITY)	CALCUL	ATIONS		(P ₂)	² = 0.2	07
(P _c) ² =		_:_		:	P _d =	9	% (Р _с	- 14.4) +	14.4 =	:	(P _d):		
(P _c) ² - (I or (P _c) ² - (I		(F	P _c) ² - (P _w) ²	Choose formula 1 or 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. 2 - P. 2	Slope Assi	sure Curve e = "n" or gned rd Slope	nxl	.og []	Antilog	Deli Equals	en Flow verability R x Antilog Mcfd)
	-			, c w				<u> </u>			_		
							<u></u>						
Open Flo	w			Mcfd @ 14.	65 psia		Deliverabil	ity			Mcfd @ 14.65 psi	а	
		_	-		. ,		•			•	ort and that he ha		ŭ
the facts s	tated th	nerei	n, and that sa	id report is tru	e and correc			<u>rd</u>	day of	anuary 		, 2	<u>20</u> <u>15</u> .
			Witness (ii	f any)		H€ (ANSAS CORP)	ecei ved Dration comm	ISSION		For (Company		
			For Comm	ission		MAL	2 9 2015	j		Che	cked by		

exempt status under Rule K.A.R. 82-3-304 on behalf of the operator CMX, 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 House #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 mct/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: 1/23/2015 Signature: President		eclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
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Title. President	Date: <u>1</u>	
line: Licologiu	Date: _1	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.