KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:				(See Instruct	tions on Re	verse Side	p)					
☐ Of	oen Flo	w			Test Date				۸D	No. 15				
☐ De	eliverab	iity			9/30/14					033-21440-0	00-00			
Company		PER	ATING CO	MPANY, LLC	;		Lease McMOR	RAN A			1	Well Nu	mber	
County Location COMANCHE NW			on	Section 17		TWP RNG (E/W) 35S 16W			/W)	Acres Attributed				
Field YELLOV	vsto	NEI	NORTH		Reservoi MISSIS	SIPPIAN				hering Conn NEOK FIEL	ection D SERVICES			
Completion 9/7/05	on Dat	е			Plug Bac 5829	k Total Dept	th		Packer S NONE	Set at				
Casing S 4.500	ize	Weight 10.50			Internal Diameter 4.052		Set at 5829		Perforations 5400		то 5517			
Tubing S	ize		Weigh	t	Internal Diameter		Set at		Perforations		То			
2.375 4.70 1.995 5529 OPEN Type Completion (Describe) Type Fluid Production Pump Unit or						DI	/ 51							
SINGLE	≣	,			WATE	R, OIL	*		PUMF	ING		/ No		
Producing ANNUL		(Anr	nulus / Tubing	3)	% C	arbon Dioxi	de		% Nitrog	jen	Gas Gr	avity - G		
Vertical E 5459	Depth(F	1)				Pres	sure Taps				(Meter F	Run) (Pr	over) Size	
Pressure	Buildu	p: :	Shut in 9/2	9/14 2	20 at		(AM) (PM)	Taken_9/	30/14	20	at	(AM) (PM)	
Well on L	.ine:	:	Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
						OBSERVE	D SURFACE	E DATA	1		Duration of Shut-	in	Hours	
Static / Orifi Dynamic Siz Property (inch		e Prover Pressure		7	Flowing Well Head Temperature		Casing Wellhead Pressure (P _w) or (P _p) or (P _p)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Duration (Hours)	-	Liquid Produced (Barrels)	
Shut-In		•	psig (Pm)	Inches H ₂ 0			psig 170	psia	210	psia	24			
Flow														
	 ,					FLOW STR	EAM ATTR	IBUTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Pro	Circle one: Meter or ver Pressure psia	Press Extension ✓ P _m xh	Extension Fact		Flowing Femperature Factor F _{II}	ture Eactor		Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m	
						·								
					•	OW) (DELIV	•	•				2 = 0.20	07	
$(P_c)^2 = $	ī	<u>_:</u> _		Chaose formula 1 or 2	P _d =	^		' _c - 14.4) +		 :	(P _d) ²	' = <u> </u>		
(P _c) ² - (I or (P _c) ² - (I	_	(P	(P _w) ² - (P _w) ²	1. P _c ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _m	LOG of formula 1. or 2. and divide	P _c ² -P _w ²	Slop Ass	ssure Curve ne = "n" - or signed ard Slope	l n x	LOG	Antilog	Deli Equals	en Flow verability R x Antilog (Mcfd)	
				bivided by. Tc w				2.4 0.000						
Open Fio	w	_	_	Mcfd @ 14	.65 psia		Deliverab	ility			Mcfd @ 14.65 psi	a		
		•	•	n behalf of the						ne above repo	ort and that he ha		ledge of 20 <u>14</u> .	
			,	4		Receive CORPORATION	ed	1.	jun 1	2 H	00/	,. _		
	***		Witness (i	fany)		DEC 3 1			<u>- </u>	For	Company			
			For Comm	ission						Che	cked by			

CONSERVATION DIVISION WICHITA, KS

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 WOOLSEY OPERATING CO., 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 McMORAN A-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 Commission staff as necessary to corroborate this claim for exemption from testing.
Date: 10/27/14
Signature: Wm R Hally Title: FIELD MGR.

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.