KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	i:					(See Instruc	ctions on Re	verse Side	9)				
□ Ор	en Flo	w				Test Date				A D1	No. 15 -023-	-21062-00-0	O	
De	liverab	ilty				rest Date) .			AFI	140. 15 020	21002 00 0	•	
Company		Ene	ergy Mana	age	ment, LLC			Lease HAM	<u>.</u> .				Well No	
County			Loca	tion		Section		TWP		,RNG (E	•		Acres	Attributed
CHEYE	NNE		NE-S	E-1	ΛΜ-ΝΕ		10	25	S		9W		- 	
Field CHERF	RY CI	REE	K			Reservoir NIOBR					hering Conne ern Star	ction	"C	C WIST
Completic 09/11/2		e				Plug Bac 1307'	k Total Der	oth		Packer S	Set at		MAY	10
Casing Si		-	Weig	ht		Internal [Diameter	Set	at	Perfo	rations	То	PROC	7175
7", 4 ½"	1		1	7#	10.5#	6.53	8, 4.052	166	6', 1347'		1118'	1157	" ~C	Elva
Tubing Size Weight				Internal C			Set at		rations	То		<u>, 'SO',</u>		
2 3/8"				4.	7#		.995		1184'				<u> </u>	<u> </u>
Type Con SINGL	•	n (De	escribe)				d Production WATER	on		Pump U	nit or Traveling	•	: / No D PUN	MР
-	_	(Anr	nulus / Tubir	ig)		% C	arbon Diox	ride		% Nitrog	en	Gas G	ravity -	G,
ANNUL														-
Vertical D	epth(F	1)					Pres	ssure Taps				(Meter	Run) (P	rover) Size
Pressure	Buildu	p: :	Shut in	4	115 2	0 15 at 8	3:30 AM	(AM) (PM)	Taken		20 .	at		(AM) (PM)
Well on L	ine:	;	Started	4	/16 20	0 <u>15</u> at _8	3:30 AM	_ (AM) _. (PM)	Taken		20	at		(AM) (PM)
-							OBSERVI	ED SURFAC	E DATA	11		Duration of Shu	t-in	24 Hours
Static /	Orifi	e e	Circle one:		Pressure	Flowing	Well Head		sing	l l	Tubing	Duration	1	ld Bandon d
Dynamic	Siz		Meter Prover Press	ure	Differential in	Temperature t Temperature (P _w) or (P _t) or (P _c) (P _w) or (P _t) or (P _c)			Duration Liquid Produced (Hours) (Barrels)					
Property	(inch	es)	psig (Pm)		Inches H ₂ 0		τ	psig	psia	psig	psia			
Shut-in								178						
Flow					`									
							FLOW ST	REAM ATTR	IBUTES					
Plate			Circle one:	1	Press	Grav	ritv	Flowing	Dev	iation	Metered Flow	GOB	i	Flowing
Coeffiect			Meter or ver Pressure		Extension	Fact	tor	Temperature Factor	Fa	ctor	R (Cubic Feet/ G		Fluid Gravity	
Mefd			psia		√ P _m xh	- F	,	F _{II}	F	pν	(Mcfd)	Barrel)	G _m
					_	(OPEN FL	OM) (DETÍ	/ERABILITY) CALCUL	ATIONS		(P.)² = 0.2	207
(P _c) ² =		_:	(P _w) ² =		:	P _d =		% (!	ੇ - 14.4) +	14.4 =	:) ² =	
(D.)2. (E	3 \2	/D	\\2 (D \2		ose formula 1 or 2:	LOG of	Γ		ssure Curve				0	pen Flow
(P _c) ² - (F or		(12	(P _w) ²		1. P _c ² -P _c ²	formula 1. or 2.			pe = "n" - or	n x	LOG	Antilog	De	liverability
or (P _c) ² - (F	P _a) ²				2. P ² -P ²	and divide	P _c ? - P _w ²		signed lard Slope					s R x Antilog (Mcfd)
r				aivia	ed by: P _s ² - P _w ²	 		Otalia					+	· ·
Open Flov	N				Mcfd @ 14.	65 psia		Deliverat	oility			/lcfd @ 14.65 ps	sia	
									£			t and that he h		
the facts st	tated ti	herei	n, and that s	aid	report is true	and correc	t. Executed	d this the	4	day of		MAY 	1	20
				_				_						
			Witness	(if any	"						For Co	ompany		
			For Com	nisslo	n			-			Check	ed by		

			of the state of Kansas ne operator <u>Foundati</u>		
and that the foreg correct to the best of equipment insta I hereby reque	oing pressure inform of my knowledge and allation and/or upon ty	nation and stater d belief based up pe of completion	nents contained on thi on available productio or upon use being mac ow testing for the	s application form and is summaries and is de of the gas well he	are true and ease records
(Check	one) is a coalbed methan is cycled on plunger is a source of natura is on vacuum at the is not capable of pro	r lift due to water al gas for injection present time; KC oducing at a daily t of my ability an	n into an oil reservoir u C approval Docket No. v rate in excess of 250 v and all supporting do on from testing.	mcf/D	RECEIVED Oy Commission
Date:	/2015		•		
		Signature: Title:		Onathe Ons assistant	<u>U</u>

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.