KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST (See Instructions on Reverse Side)

Type Tes					(See instruct	nons on He	verse Siae	9)					
= :	oen Flo eliverat				Test Date 7/9/2014					No. 15 007-22928 •	-0000			
Company Chesape		Ope	rating, L.L.C),		<u>·</u>	Lease Gundel	finger				1-14	Well Nur	nber
County Barber			Locati 1165 FN	on L & 1740 FWL	Section 14		TWP 35S	- · · ·	RNG (E.	(W)			Acres A	
Field SOUTH	AETI	NA.			Reservoir MISSIS				Gas Gat	thering Conn	ection		KCC	Min
Completi 1/17/200		te			Plug Bac 5160	k Total Dept	ih		Packer S NONE				JUN 1	in a
Casing S 4.5	Size		Weigh 11.6	nt	Internal Diameter 4.000		Set at 5200		Perforations 5014			JUN 05 20 STORE TO TO		√ 2015 ≈u.a
Tubing S 2.375	ize		Weigh	nt	Internal D	Diameter	Set	at Perforations		rations	То		"VED	
Type Cor Single (n (D	escribe)		Type Flui water/c	d Production Dil	n	-	Pump Ui	nit or Traveling	g Plunger?	Yes	/ No	
Producing Annulus	_	(An	nulus / Tubin	g)	% C	arbon Dioxi	đe		% Nitrog	gen		Gas G	ravity - G	9
Vertical E		⊣)				Press Flans	sure Taps ne							over) Size
Pressure	Buildu	 .p:	7/8 Shut in		0_14_at_8		-	Taken_7/	9	20			(/	 M) (PM)
Well on L	.ine:		Started	2	0 at		(AM) (PM)	Taken		20	at		(/	M) (PM)
						OBSERVE	D SURFAC	E DATA			Duration	of Shut	_{in_} 24	Hour
Static / Dynamic Property	Dynamic Size		Circle one: Meter Prover Pressi psig (Pm)	Pressure Differential in Inches H _n 0	Flowing Temperature t	Well Head Temperature t	re Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)		Liquid Produced (Barrels)	
Shut-in			posg (;)	mones 11 ₂ 0			130	psia 144.4	psig 400	414.4	24		 	
Flow														
						FLOW STR	EAM ATTE	IBUTES		<u> </u>				_
Plate Coeffiecient (F _b) (F _p) Mcfd		Pro	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m ×h	Extension Fact		tor Temperature		iation ictor pv	Metered Flo R (Mcfd)		GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravily G _o
			_	<u> </u>										
(P _c) ² =		_:	(P _w) ² =	·:	(OPEN FL	OW) (DELIV 		') CALCUL P _e - 14.4) +		:		(P _a) (P _d)	1 ² = 0.20	7
(P _o)²- (I or (P _o)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 _d ²	LOG of formula 1. or 2. and divide	P.2- P.2	Šlo As	ssure Curve pe = "n" - or	n x	rog	Antik	og	Deliv Equals	n Flow erability R x Antilog Mcfd)
			_										<u> </u>	
Open Flo				Mcfd @ 14.	-		Deliverat				Mcfd @ 14			
		•	•	n behalf of the	• •		•						as knowle , 2	
			Witness (i	fany)			-	. <u>-</u>		For	Company			
_			For Comm	ilsalon			-			Che	cked by			

I declare under penalty of periusy und	er the laws of the state of Kansas that I am autho	orized to request
	on behalf of the operator Chesapeake Operating, I	
	on and statements contained on this application for	
	elief based upon available production summaries a	
	of completion or upon use being made of the gas we	ell nerein namea.
	from open flow testing for the Gundelfinger 1-14	
gas well on the grounds that said well:	•	
(Check one)		KCC WICHI JUN 05 2015 RECEIVED
· <u> </u>	raduaar	JUN STICHI
is a coalbed methane pr	due to water	05 2015
is cycled on plunger lift	due to water	RECEIVER
'		· CD
	sent time; KCC approval Docket No.	
is not capable of produc	cing 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 deen	ned by Commission
staff as necessary to corroborate this clain	n for exemption from testing.	
	n for exemption from testing.	
staff as necessary to corroborate this clain	n for exemption from testing.	
staff as necessary to corroborate this clain	n for exemption from testing.	
staff as necessary to corroborate this clain Date: _5/11/2015		
staff as necessary to corroborate this clain Date: _5/11/2015	n for exemption from testing.	U
staff as necessary to corroborate this clain Date: _5/11/2015		<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.