KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Test | t: | | | | (| See Instruc | tions on Rev | erse Side | ∍) | | | | | |
|---|-------------------------------|---------------------------------|----------------------------------|---|------------------------|----------------------|---|--------------------------------|-----------------------------|-----------------------------|-------------------------|--------------------|---|--|
| √ Op | en Flo | W | | | Test Date | - , | | | ۸۵ | 1 No. 15 | | | | |
| De | eliverat | ilty | | | 07/27/2 | | | | | I No. 15 ·047-20,213- | 0000 | | | |
| Company Siroky C | | nage | ement, Inc. | | | | Lease Einsel | | | | #1 | Well Nu | ımber | |
| County Edwards | | | Location NW SE SW | | Section 32 | | TWP 26S | | RNG (E/W) 20W | | Acres Attributed | | | |
| Field Martin | | • | | | Reservoi 1ississ | ippi | | | Gas Ga SemGa | thering Conn | ection | | - | |
| Completic | | te | | | Plug Bac 4900 | k Total Dep | th | | Packer | Set at | | | | |
| Casing Size | | | Weigh | t | Internal Diameter | | Set at 4895' | | Perforations 4815' | | т _о 4820' | | | |
| Tubing Size | | | Weight | | Internal Diameter | | Set at , 4810 | | Perforations | | То | | | |
| Type Con | npletio | | escribe) | | Type Flui | d Production | n | 10 | Pump U | nit or Traveling | Plunger? Yes | /(No) | • • | |
| Producing | hru | (Ani | nulus / Tubing | 3) | % | Carbon Dioxi | de | ···· | % Nitrog | jen | Gas G | avity - (| | |
| Vertical D | Deptill | | | | | Pres | sure Taps | | | | (Meter | Run) (P | rover) Size | |
| Pressure | Builde | ıp: | Shut in _07/2 | 272 | 0 14 at 1 | 0:30 | (AN) (PM) | Taken | | 20 | at | | (AM) (PM) | |
| Well on L | | | Started 07/2 | | 0 14 at 1 | | \sim | | | | at | | | |
| | | | | | | OBSERVE | D SURFACE | DATA | | | Duration of Shut- | in_2 | YHours | |
| Static / Orific | | | Circle one: Meter | Pressure Differential | ifferential Flowing | | Casing Wellhead Pressure | | Tubing Wellhead Pressure | | Duration | Liqui | Liquid Produced | |
| Property | (inch | hes) Prover Pressu psig (Pm) | | Inches H ₂ 0 | t | Temperature t | (P _w) or (P ₁ |) or (P _c) psia | (P _w) o | pşia | (Hours) | (Barrels) | | |
| Shut-In | | | | | | | 85 | | | | | | | |
| Flow | | | | | | = 0000 | | DUMMO | | | | <u> </u> | | |
| | 1 | | Circle one: | | Ī | FLOW STR | EAM ATTRI | BUTES | | | | | I | |
| Plate Coefficcient (F _b) (F _p) Mcfd | | Pro | Meter or ver Pressure psia | Press Extension √ P _m x h | Grav Fac F | tor | Flowing Femperature Factor F _{II} | mperature Factor | | Metered Flov R (Mcfd) | (Cubic Fe | | Flowing Fluid Gravity G _m | |
| | _ | | | <u> </u> | | | | | | | | | | |
| (P _c) ² = | | : | (P) ² = | : | • | , , | ERABILITY) % (P | | .ATIONS · 14.4 = | : | | ² = 0.2 | 07 | |
| (P _c) ² - (f | P _a)² | | (P _w) ² | Choose formula 1 or 2 | LOG of | | Backpres Slop | sure Curve e = "n" | , n x | LOG | | OI | oen Flow Iverability | |
| (P _c) ² - (F | P _d) ² | | | 2. P _c ² -P _c ² | 1. or 2. and divide | P.2-P.2 | Ass | origned Ird Slope | | | Antilog | | R x Antilog (Mcfd) | |
| | _ | | | | | | | - | | | | | | |
| | | | | | | | | • • • | | | | <u> </u> | | |
| Open Flo | | | d authority or | Mcfd @ 14. | | etatoa that h | Deliverabi | | o maka ti | | Mcfd @ 14.65 ps | | lodge of | |
| | | • | • | i benair of the aid report is true | • | | | | | | rt and that he ha | | 2015. | |
| | | | | • | | | HITA - | | | | • | | | |
| | | | Witness (ii | any) | MΔ۱ | Y 0 7 | · · · · · · · · · · · · · · · · · · · | 76- | | ForC | отрапу | | · | |
| | | | For Comm | Ission | יינורטיי ב | - U/ 2 [] | 115 - | ·-·· | | Chec | ked by | | | |
| | | | | | N | CENT | :n 4 | . – 7 | 1-15 |) | | | | |

| | clare under penalty of perjury under the laws of the state of Kansas that I am authorized to request status under Rule K.A.R. 82-3-304 on behalf of the operator Siroky Oil Managment, Inc. |
|------------|---|
| | 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 |
| | ment installation and/or upon type of completion or upon use being made of the gas well herein named. |
| l her | eby request a one-year exemption from open flow testing for the Einsel # 1 |
| jas 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 |
| l furt | ther agree to supply to the best of my ability any and all supporting documents deemed by Commission |
| | necessary to corroborate this claim for exemption from testing. |
| | |
| Դate∗ M | ay 6, 2015 |
| Jaic | -, -, |
| | |
| | |
| | |
| | Signature: |
| | Title: President |

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 snut-in process.

December 31 of the year for which it's intended to acquire exempt status for the subject we signed and dated on the front side as though it was a verified report of annual test results.

RECEIVED 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

