KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				(See Instruct	ions on Reve	erse Side)				
Open F	Flow			Test Date				Δ D 1	No. 15			
Deliver	rabilty			6-24-20	-				007-20453 -	0000		
Company Dixon Energ	gy, Inc.	-				Lease Wheeloc	k			1	Veil Number	
County Location Barber NW SE SE			Section 33				RNG (E/ 12	W)	Acres Attributed			
Field Whelan SW	EXT		·· iv.··	Reservoir Mississi				Gas Gat Oneok	hering Conne	ection		
Completion Date: 11-9-79				Plug Back Total Dept		h	Packer S None		et at			
Casing Size 4.5		Weight		Internal Diameter		Set at 4290		Perforations 4242		то 425 6		
Tubing Size 2 3/8		Weight		Internal Diameter 4228		Set at		Perforations open		То		
Type Completion (De single gas		escribe)		Type Fluid Production				Pump Unit or Traveling pumping unit		Plunger? Yes	/ No	
Producing Th	ru (Anr	nulus / Tubing	3)	% C	arbon Dioxi	de		% Nitrog	en	Gás Gra	avity - G _g	
tubing Vertical Depti	h(H)				Pres	sure Taps				(Meter F	Run) (Prover) Size	
										Flange		
Pressure Buil	ldup:	Shut in 6-2	3 20	14 at 1:	:00	(AM) (PM)	Taken 6-	24	20	14 at 1:00	(AM) (PM)	
Well on Line:		Started	20) at		(AM) (PM)	Taken		20	at	(AM) (PM)	
					OBSERVE	D SURFACE	DATA			Duration of Shut-i	n_ 24 Hours	
Dynamic	ynamic Size			Flowing Temperature t	Well Head Temperature t	I Wellhood Proceura		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)	
	1011037	psig (Pm)	Inches H ₂ 0	•		psig	psia	psig	psia			
Shut-In							130		145			
Flow				<u>-</u>								
	1	Circle one:		1	FLOW STR	EAM ATTRI	BUTES				F()-	
Plate Coefficient (F _b) (F _p) Mcfd	Pro	Meter or over Pressure psia	Press Extension √ P _m x h	Grav Fact F _g	tor 1	Flowing femperature Factor F _{ft}	Fa	iation ctor : pv	Metered Flov R (Mcfd)	y GOR (Cubic Fed Barrel)	Flowing Fluid Gravity G_m	
				(OPEN FLO	OW) (DELIV	ERABILITY)	CALCUL	ATIONS		(P.)	= 0.207	
(P _c) ² =	<u></u> :		<u> </u>	P₀≃		% (P,	- 14.4) +	14.4 =	·:	(P _d)2		
$(P_a)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$	(F	P _c) ² - (P _w) ²	Choose formula 1 or 2: 1. P _c ² - P _s ² 2. P _c ² - P _d ² divided by: P _c ² - P _c ²	LOG of formula 1. or 2. and divide by:	P.2- P.2	Slope Assi	sure Curve e = "n" origned rd Slope	., nxl	roe	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
	_											
Open Flow		 	Mcfd @ 14.6	65 psia		Deliverabil	ity			Mcfd @ 14.65 psi	a .	
	-	• '				•			•	rt and that he ha	ū	
the facts state	d therei	in, and that sa	aid report is true	and correc		Receivo	d	day of <u>J</u> u	nue		, ₂₀ <u>2015</u> .	
<u> </u>	· • • •	Witness (i	f any)			CORPORATIO <u>N</u>	COMMISSIO	DN	For C	Company		
-		For Comm	Ission	·• · · · · · · · · · · · · · · · · · ·	J	UN 15_	2015	· · · · · · · · · · · · · · · · · · ·	Chec	ked by		

	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 Dixon Operating LLC
	t the foregoing pressure information and statements contained on this application form are true and
correct t	to the best of my knowledge and belief based upon available production summaries and lease records
of equip	ment installation and/or upon type of completion or upon use being made of the gas well herein named.
i he	reby request a one-year exemption from open flow testing for the Wheelock #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 fur	ther 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: <u>6</u>	-11-2015
	Signature:
	Title: VP of Operations

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**Received SURFACE DATA. Shut-in pressure shall thereafter be reported yearly in the same manner for so long as the gas WANSAS CORPORATION COMMISSION well continues to meet the eligibility criterion or until the claim of eligibility for exemption **IS** denied.

JUN 15 2015 The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than CONSERVATION DIVISION Peccember 31 of the year for which it's intended to acquire exempt status for the subject well. The form must be WICHITA, KS signed and dated on the front side as though it was a verified report of annual test results.