80 - Q .

Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test:	: en Flow	•		,	See Instruct	ions on Re	verse Side	•				
Del	iverabilty			Test Date 6/11/15	: :			API 175	No. 15 -20,918 - 0	000		
Company Edison O						Lease Light				1-9	Well Nur	mber
County Seward		Locat C S/2 S	ion SW SW	Section 9		TWP 35S		RNG (E/ 32W	W)		Acres A	ttributed
Field				Reservoii Chester				Gas Gat	hering Conne	ection tream L	P	
Completion 12/86	n Date			Plug Bac	k Total Dept	h		Packer 5				
Casing Size Weight 4.5			Internal E	Internal Diameter		Set at 6538		rations 1	то 6437			
Tubing Size Weight 2.375		ht	Internal C	Diameter	Set at 6520		Perforations		То	То		
		Describe)		Type Flui	d Production	n		Pump Ur No	nit or Traveling	Plunger? Yes	/ No	
Producing tubing	Thru (A	nnulus / Tubír	ıg)	% (arbon Dioxi	de		% Nitrog	jen	Gas G	ravity - G	ig .
Vertical D	epth(H)				Pres	sure Taps		•		(Meter	Run) (Pr	over) Size
Pressure	Buildup:	Shut in 6/1	10	15 at 2	:00 pm	(AM) (PM)	Taken 6	11	20	15 _{at} 2:00 p	om(AM) (PM)
Well on L	ine:			20 at	-	(AM) (PM)	Taken	•	20	at	(AM) (PM)
				· · · · · · · · · · · · · · · · · · ·	OBSERVE	D SURFAC	E DATA	.		Duration of Shut	t-in_24	Hours
Static / Dynamic Property	Orifice Size (inches)	Circle one: Meter Prover Press psig (Pm)	Differential in	Flowing Temperature t	Well Head Temperature t	Wallboad	Pressure	Weithe	Tubing ead Pressure r (P _t) or (P _c) psia	Duration (Hours)		i Produced Barreis)
Shut-In	_					189.7	204.1			24		· -
Flow		<u> </u>		<u></u>	<u></u>	<u> </u>		<u> </u>			<u> </u>	
					FLOW STE	REAM ATTE	IBUTES		_			
Plate Coeffied (F _b) (F Mofd	ient p) F	Circle one: Meter of Prover Pressure psia	Press Extension √ P _m x h	Grav Fac F	tor	Flowing Temperature Factor F ₁₁	Fa	viation actor F _{pv}	Metered Flow R (Mcfd)	w GOR (Cubic F Barrel	eet/	Flowing Fluid Gravity G _m
(P _c) ² =		(P _w) ² :	= :	(OPEN FL	OW) (DELIV) CALCUL P _c - 14.4) +		:) ² = 0.2 ¹	 07
(P _c) ² - (F		(P _c) ² - (P _w) ²	Choose formula for 1. P _c ² - P _a ² 2. P _c ² - P _c ² divided by: P _c ² - P	LOG of formula 1, or 2.	P. 2 - P. 2	Backpre Sto	essure Curve pe = "n" - or esigned lard Slope	e n ⋅x	roe	Antilog	Op Deli Equals	en Flow verability R x Antilog Mcfd)
Open Flor	w		Mcfd @ 14	.65 psia		Deliveral	oility			Mcfd @ 14.65 ps	sia:	
	_		on behalf of the	- *		-			ne above repo	ort and that he h		ledge of 20 <u>15</u> .
-		Witness	(if any)	-	KCC 1	אורט ייי		- Con	WILL NO	Company		
		ForCom	mission			WICH!				cked by		
					n in in	9 5 201F	:					

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exempt status und and that the foreg correct to the best	er Rule K.A.R. 82-3-30 oing pressure informa of my knowledge and	ander the laws of the state of Kansas that I am authorized to request D4 on behalf of the operator Edison Operating ation and statements contained on this application form are true and belief based upon available production summaries and lease records be of completion or upon use being made of the gas well herein named.
I hereby reque	est a one-year exempt	ion from open flow testing for the Light 1-9
gas well on the gr	ounds that said well:	
_	is a coalbed methand is cycled on plunger is a source of natura is on vacuum at the pis not capable of pro	
	CC WICHITA JN 2:5 2015	Signature: MANAUEL.

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.