KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:	;					6	See Instr	ucti	ons on Re	verse	Side)	i						
Open Flow				Test Date	Test Date: API													
Del	liverab	ilty				9/25/15							007-21797	- 0	000			
Company FALCON		PLO	RATION IN	IC.					Lease HOAGL	.ANI)				2	Vell Nu	mber	
County Location BARBER S2 S2 NE				Section 36		TWP 31S					Acres Attributed							
Field WHELAI	N WE	ST				Reservoir SNYDE		/M1	SS			Gas Gath	nering Conr I	nectio	on			
Completic 5/19/84	n Dai	le				Plug Back 4380	k Total Do	epti	1			Packer S NONE	et at					
Casing Size Weight 4.5 10.5				Internal D	Diameter	Set at 4365				ations 9-17 &	-	To OPEN HOLE:4365-80						
Tubing Size Weight 2.375 4.7				Internal C	Set at 4322			Perforations OPEN ENDED			То							
Type Com SINGLE			escribe)			Type Fluid		tion					it or Travelin		inger? Yes	/ No		
Producing		(Anı	nulus / Tubin	g)		% C	% Carbon Dioxide					% Nitrogen 7.76			Gas Gravity - G _a 0.7458			
Vertical Depth(H)					Pressure Taps FLANGE								(Meter Run) (Prover) Size					
Pressure	Buildu	D:	Shut in	25	2	0_15_at_7:				Take	9/2	26	20	15	7:30 Al	M ,	(AM) (PM)	
Well on Li	ine:	,	Started												_ at			
							OBSER'	VE	SURFAC	E DA	TA.			Dui	ration of Shut-i	n_24	Hours	
Static / Dynamic	4		Circle one: Meter Prover Press	ure Diffe	Pressure iifferential in Temperat				Casing Wellhead Pressure (P_w) or (P_t) or (P_c)			Tubing Wellhead Pressure (P,) or (P,) or (Pc)			Duration (Hours)		Liquid Produced (Barrels)	
Shut-In	(111011	,	psig (Pm)	Inch	s H ₂ 0	· · ·	`		psig 98		sia 2.4	psig	psia	24	4			
Flow														 				
11000				,			FLOWS	TRI	EAM ATTR	L	res			ـــالـ				
Plate	_		Circle one:	Pı	ess	Com			Flowing				Name and Pla		GOR		Flowing	
Coeffiecient		Pro	Meter or Prover Pressure psia		nsion P _m xh	Gravitý Factor F _g		Temperature Factor F _{It}		Deviation Factor F _g ,		tor			(Cubic Fee Barrel)		Fluid Gravity G _m	
													<u> </u>					
				•		(OPEN FLO	OW) (DEL			•						2 = 0.2	207	
(P _c) ² =		<u> </u>	(P _w) ² :	Choose lon		P _d =		<u>%</u>	T			14.4 =		1	(P _d) ²	<u> </u>		
(P _c) ² • (F or (P _c) ² • (F		(F	P _c) ² - (P _w) ²	1. P. 2. P. divided by:	- P _d ²	LOG of formula 1, or 2, and divide	P,2-P,2			pe = " - or signe	'n" d	nxl	.og		Antilog	Del Equals	oen Flow liverability s R x Antilog (Mcfd)	
-		_		· ·			_											
							-						;			`		
Open Flov	W			Mofo	@ 14.	65 psia			Deliverat	oility				Mcf	d @ 14.65 psi	a		
The t	ınders	igne	d authority, o	n behalf	of the	Company, s	states tha	t he	e is duly a	uthor	ized to	nake th	e above rep	ort a	nd that he ha	s know	ledge of	
the facts st	tated t	herei	in, and that s	aid repo	t is true	and correc	t. Execut	led	this the 7	th-	>>	y or O	etober			I	20	
<u>.</u>			Witness	(if any)		KC	C WI	C	HITA -	X	/)	For	Comp	any			
			For Com			00	708	- 21	015 -		-/	/		ocked	·			
						F	RECE	İ۷	ED									

	r penalty of perjury under the laws of the state of Kansas that I am authorized to request er Rule K.A.R. 82-3-304 on behalf of the operator FALCON EXPLORATION INC.
	oing pressure information and statements contained on this application form are true and
correct to the best of	of my knowledge and belief based upon available production summaries and lease records
• •	lation and/or upon type of completion or upon use being made of the gas well herein named. st a one-year exemption from open flow testing for the HOAGLAND #2
	unds that said well:
-	
(Check o	
	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
<u> </u>	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 further 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.
	ſ
Date: 10/7/15	
	
	Signature:
	Title: PRESIDENT
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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.

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