## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	est: (See Instructions on Reverse Side)											
□ Ор	en Flow											
▼ Deliverabilty				Test Date 10-14-1				No. 15 5-20493 <b>- Q</b>	900			
Company Foundation Energy Management LLC				* D. (1)2"		Lease Black 'A	Lease Black 'A'				Well Number 1-10	
County				Section 10		TWP 34S			NG (E/W) 1W		Acres Attributed	
Field Arkalon			<u> </u>	Reservoii Morrow/	r Chester		Gas Gathering DCP pipeline			onnection		~' ~
Completion Date 12-31-1981			3." Jan.	Plug Bac	k Total Dept	ih	Packer S None		Set at	· ·	OCT	<del>- ,</del>
Casing Size Weight 4.5 15.5				Internal I 4.052	Diameter			Perfo 557	rations 8	т <sub>о</sub> 5707	OCT REC	کر صہ
Tubing Si 2.375	ubing Size Weight 4.7		pht	Internal Diameter 1.995		Set	Set at Per		rations	То		·C
Type Completion (Describe) Single			Type Fluid Production Water				Pump Unit or Traveling Plunger? Yes / No NO .					
Producing Thru (Annulus / Tubing) Annulus			ng)	% Carbon Dioxide				% Nitrog	jen	Gas G	Gas Gravity - G	
Vertical D 5880	epth(H)		<del></del>		Pres	sure Taps				(Meter	Run) (Prover	) Siz
	Buildup:	Shut in O	ctober 14th 2	0 15 at 8	:00 AM	(AM) (PM)	Taken_O	ctober	15th 20	15 at 8:00 A	M (AM)	— (РМ
Well on L	-									at		(РМ
					OBSERVE	D SURFAC	E DATA			Duration of Shut-	-in	 _Ho
Static / Dynamic Property	nic Size Meter Diffe		Differential In	Flowing Well Head Temperature t		Casing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )		Duration (Hours)	Liquid Prod (Barrel	
Shut-In	• V	Paid (1 III			_	180	194	psig 180	194	24	,	
Flow		ر	. '						e			
		22 (1) 24 1 (1) 24	~j~.\\ .		FLOW STR	EAM ATTR	IBUTES			<del></del>	<del></del>	
Plate Coeffiect (F <sub>b</sub> ) (F Mcfd	ent Pro	Circle one: Meter or over Pressure psia	Press Extension P <sub>m</sub> x h	Grav Fact	tor	Flowing Temperature Factor F <sub>II</sub>		riation actor = pv	Metered Flo R (Mcfd)	w GOR (Cubic Fe Barrel)	eet/ G	owin Fluid ravit G <sub>m</sub>
		_										
(P <sub>c</sub> ) <sup>2</sup> =	:	(P <sub>w</sub> ) <sup>2</sup>	= :	(OPEN FLO	OW) (DELIV		') CALCUL P <sub>s</sub> - 14.4) +		:	(P <sub>a</sub> ) (P <sub>d</sub> )	)² = 0.207 )² =	
(P <sub>o</sub> ) <sup>2</sup> - (F or (P <sub>o</sub> ) <sup>2</sup> - (F		P <sub>o</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2  1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup>	Pc-P2 LOG of formula  Pc-P2 and divide		Backpressure Curve Slope = "n"		, n x	LOG	Antilog	Open Flow Deliverability Equals R x Antil (Mcfd)	
			divided by: Pc - Pw	by:	P <sub>c</sub> <sup>2</sup> -P <sub>w</sub> <sup>2</sup>	Siano	iara Siupe		_ <b>_</b>			
-												
Open Flor	w		Mcfd @ 14.	65 psia	÷	Deliverat	oility			Mcfd @ 14.65 ps	la	
	_	•		• •		•		o make ti		ort and that he ha	as knowledge	
uie facts s	ialeu inere	iii, and that s	said report is true	and correc	r, ⊏xecutea	uns me 🚞		uay of	<del></del>	-	, 20	
	<u> </u>	Witness	(if any)			-			For	Company		
		For Com	nmission			-			Che	cked by	<del></del>	—

exempt status under Rule K.A.R. 82-3-304 and that the foregoing pressure information correct to the best of my knowledge and be of equipment installation and/or upon type of equipment installation.	der the laws of the state of Kansas that I am authorized to request on behalf of the operator Foundation Energy Management on and statements contained on this application form are true and elief based upon available production summaries and lease records of completion or upon use being made of the gas well herein named.  I from open flow testing for the Black "A" # 1-10								
(Check one)									
is a coalbed methane pr	11								
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									
	cing at a daily rate in excess of 250 mcf/D								
<u>v</u>	,								
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	n for exemption from testing. `								
Date: 10-21-15	KCC WICLIES								
Date. 10 27 10	OCT 23 2015								
,	RECEIVED								
	VECEIVED								
	Signature: Lauto Olh								
	Signature:								
	·								

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.