KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				1	(See Instruct	ions on Rev	erse Side	9)	•				
☐ Op	en Flo	w								022	-21192-00-00			
☐ De	liverat	oilty	,		Test Date	Ð;			AP	I No. 15 UZS	-21192-00-00			
Company			-			٠ ،	Lease					Vell Nu	mhar	
		Ene	ergy Manad	gement, LL	С	,	BERRY				•	13-		
County) Locati		Section	1	TWP		RNG (E	/W)			Attributed	
Cheyen	ne _		SE-SE	E-NW-SW		8	28			8W			٠	
Field	_		-	** }	Reservoi					thering Conn	ection		•	
CHERF	RY C	REE	K		NIOBR	ARA			_BIG 1	'IMBER				
Completion		te			_	k Total Dept	h		Packer	Set at				
1/7/200			Weigh		1467 : Internal I	<u> </u>								
Casing S 7", 4 1/2"			•	'# 11.6#		38, 4.00	Set at	1507	Репо	orations 1332	то 1364			
Tubing Si			Weigh		internal t		Set at		Perf	orations	To			
2 3/8"				4.7#		.995		380		714	,,,			
Type Completion (Describe)					Type Fluid Production				Pump U	nit or Traveling	Plunger? Yes	/ No	٠,,	
SINGLE					SALTWATER				YES-roc			od pu	ımp	
Producing Thru (Annulus / Tubing)					% Carbon Dioxide				% Nitrogen		Gas Gra	Gas Gravity - G _g		
ANNUL													•	
Vertical D	Pepth(l	H)				Pres	sure Taps				(Meter F	iun) (Pi	rover) Size	
											 	<u> </u>		
Pressure	Buildu	ip:	Shut in	9/17	₂₀ _15 at	1:30 PM	(AM) (PM)	Taken		20	at	(AM) (PM)	
Well on L	.	•	Started	9/18	20 15 at 2	1.20 DA4					at			
Well on L	ine.		Started		20 at		(AIVI) (PIVI)	ıaxen		20	at	——(AM) (PM)	
•						OBSERVE	D SURFACE	DATA	•		Duration of Shut-	_ 2	25 Hours	
Static / Orifice Dynamic Size Property (inches)			Circie one: Pressure		1 *		Casing		Tubing		Duration of Stide	<u>"</u>	7riodis	
			Meter	Differential	Flowing Temperature	Well Head Temperature	Wellhead Pressure		Wellhead Pressure		Duration	,	Liquid Produced	
		I Prover Pressur		in Inches H ₂ 0	1	t	(P _w) or (P _c)			or (P _t) or (P _e)	(Hours)	1 (Barrels)	
Shut-In		_	7.51		-		psig	psia	psig	psia		 	:	
Şiideiii					 	1,	39		ļ		·	<u> </u>		
Flow]		
						FLOW STR	EAM ATTRIE	UTES						
Plate	,		Circle one:	Press			Flowing						Flowing	
Coeffieci	ient	Meter or		Extension	I	Gravity Te		emperature Ea		Metered Flov R	GOR (Cubic Feet/		Fluid	
(F _b) (F		Pro	<i>ver Pressure</i> psia	√ P _m xh	F,	,	Factor F ₁	F	pv	(Mcfd)	Barrel)		Gravity G _m	
				- -		 							_ m	
L														
					(OPEN FL	OW) (DELIV	ERABILITY)	CALCUL	ATIONS		(P.) ^a	= 0.2	07	
(P _c) ² =		_:	(P _w) ² =	:	P _{.d} =	9	6 (P。	- 14.4) +	14.4 = _	<u>-</u> _:	(P _a) ²		 .	
(= 10 40				Choose formula 1 or		<u> </u>	Backpress	ure Curve		F 7	ત 'વ	00	en Flow	
(P _c) ² - (F		(1	(P _w) ² - (P _w) ²	1. P _c ² -P _a ²	LOG of formula	1) ≓ "n" 3/	nx	LOG	Antilog	Deli	verability	
(P _c) ² - (F	ີ,)²			2. P. ² - P. ²	1, or 2, and divide	P.2. P.2	Assi	gned d Slope	ľ		- i, 3		R x Antilog (Mcfd)	
<u> </u>		-		divided by: Pc2 - P	,2 by:	<u> </u>	Standar	a slope					,	
Ĺ				<u> </u>										
											i			
<u> </u>	<u>_</u>	-		N-61 @ 44										
Open Flov	<u>~</u>			Mcfd @ 14	.65 psia		Deliverabil	ity		<u>.</u>	Mcfd_@_14.65_psi		<u> </u>	
The u	ınders	igned	authority, or	behalf of the	Company, s	states that he	e is duly aut	norized to	o make ti	he abòve repo	rt and that he ha	s know	ledge of	
the facts st	tated t	herei	n, and that sa	id report is tru	e and correc	t. Executed	this the	2	day of	OC	TOBER		15	
			.,			_			,		 	· ·		
					K/	Rea NSAS CORPO	Ceived RATION COMMIS	teion:		·				
			Witness (if	any)			_	MUN		ForC	С утралу			
			For Commi	ssion	•	-0CT	0 9 201 5 -			Chec	ked by			

exempt status under and that the forego- correct to the best of of equipment installa	Rule K.A.R. 82-3-304 ing pressure informat f my knowledge and b ation and/or upon type	4 on behalf of the tion and statement pelief based upo the of completion o	operator Foundation ents contained on this n available production r upon use being mad	hat I am authorized to request on Energy Management, LLC sapplication form are true and summaries and lease records e of the gas well herein named.
	-	on from open flov	v testing for the	BERRY 13-8
gas well on the grou	nds that said well:			
i i	s a coalbed methane s cycled on plunger li s a source of natural of s on vacuum at the productions of productions.	ft due to water gas for injection esent time; KCC ucing at a daily i	into an oil reservoir un approval Docket No. rate in excess of 250 i	mcf/D
_				cuments deemed by Commission
starr as necessary t	o corroborate this cla	ım tor exemptio	n trom testing.	
			•	
Date:10/2/2	<u></u>			

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.