KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test		• • • • • • • • • • • • • • • • • • • •		(See Instruc	ions on Rev	verse Side)				
☐ Open Flow ☐ Deliverabilty			Test Date: 10/1/15			API No. 15 15-033-21410-00-00						
Company WOOLSEY OPERATING COMPANY, LLC				Lease McMORAN			 AN			5	Well Number	
County Location COMANCHE N/2 SW SW				Section 8		TWP RNG (E 35S 16W		W)	F	Acres Attributed		
Field YELLOW STONE NORTH				Reservoir MISSIS					hering Conn K FIELD SE			
Completion Date 12/20/04				Plug Back Total Depth 5551				Packer 8	Set at		-	
Casing Size Weight 4.500 10.50			Internal E 4.052	Diameter	Set at 5551		Perforations 5335		то 5446			
Tubing S 2.375	Tubing Size Weight			Internal Diameter				Perfo OPE	rations EN	То		
Type Completion (Describe) SINGLE				Type Fluid Production WATER / OIL					nit or Traveling	Plunger? Yes	/ No	
Producing Thru (Annulus / Tubing)				% Carbon Dioxide				% Nitrogen		Gas Gravity - G		
ANNULUS Vertical Depth(H) Pressure Taps (Meter Run) (Prover) Size 5391												
Pressure	Buildup	: Shut in 9/3	0/15 2	0 at		(AM) (PM)	Taken_10)/1/15	20	at	(AM) (PM)	
Well on L	ine:			0 at		(AM) (PM)	Taken	<u>.</u>	20	at	(AM) (PM)	
					OBSERVE	D SURFACE	DATA	<u> </u>		Duration of Shut-i	nHours	
Static / Dynamic Property	namic Size Prover Pressure		Pressure Differential in Inches H ₂ 0	Temperature Temperati		Mallhaad Praceura		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c) psig psia		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In	.375					70	рын	110	рыа	24		
Flow						<u> </u>						
Plate	,	Circle one:	Press			EAM ATTRI		1 -1		205	Flowing	
Coeffiecient		Moter or Prover Pressure psia Extension P _m x h		Gravity Factor F _g		Temperature Fa		viation Metered Flow actor R F _{pv} (Mcfd)		w GOR (Cubic Fee Barrel)	Fluid Gravity	
			<u></u>									
			_	•		ERABILITY)					= 0.207	
(P _c) ² =	T	_: (P _w) ² =	Choose formula 1 or 2:	P _d =	 `	- "	<u>-</u> - 14.4) +		<u>—:</u>	(P _d) ²	-	
$(P_c)^2 - (P_a)^2$ or $(P_o)^2 - (P_d)^2$		(P _c) ² - (P _w) ²			LOG of formula 1. or 2. and divide by:		Backpressure Curve Stope = "n" Assigned Standard Stope		LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flow Mcfd @ 14.65 ps				65 psia	psia Deliverability			Mcfd @ 14.65 psia				
		•				•			e above repo	ort and that he has	s knowledge of, 20	
ine tacts s	stated th	erein, and that sa	au report is true	and correc			telm		, ,	0	, 20 <u></u>	
		Witness (i	f any)	KANSAS	Receive CORPORATION	COMMISSION	ut//	<u> </u>	For	opmpany		
For Commission OCT 16 2015								Checked by				

CONSERVATION DIVISION WICHITA, KS

í	I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request exempt status under Rule K.A.R. 82-3-304 on behalf of the operator WOOLSEY OPERATING CO, LLC and that the foregoing pressure information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon available production summaries and lease records of equipment installation and/or upon type of completion or upon use being made of the gas well herein named.								
	I hereby request a one-year exemption from open flow testing for the McMORAN 5								
9	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								
5	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.								
ĺ	Date: _10/9/15								
	Signature: World Holland								

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.