KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruc	tions on Re	verse Side)				
Open Flow				Test Date:				ΔDI	No. 15				
√ De	liverab	ilty			9/30/15	.				07-22836-0	0000		
Company		PER	RATING CO	MPANY, LLC	;		Lease CLARK	E			2	Vell Number	
County BARBER	—— ₹			Location SE SW		Section 5		TWP 32S		N)	F	Acres Attributed	
Field MEDICII	NE RI	VEF	₹		Reservoir MISSIS	r SIPPIAN			Gas Gath	ering Conn	ection		
Completion Date 1/6/05					Plug Back Total Depth 4420				Packer S NONE	et at			
Casing S 4.500	ize		Weigh 10.50		Internal Diameter 4.052		Set at 4407		Perfor 4220		To 4234		
Tubing Si 2.375	ize	Weight 4.70		nt	Internal Diamet		Set at 4260		Perforations OPEN		То		
Type Completion (Describe) SINGLE				Type Flui WATE	d Production	n	·	Pump Un	it or Traveling	Plunger? Yes	/ No		
Producing		(Anı	nulus / Tubin	g)	% C	arbon Dioxi	de		% Nitroge	en	Gas Gra	ıvity - G _o	
Vertical D	epth(H	l)			-	Pres	sure Taps		_		(Meter F	lun) (Prover) Size	
Pressure	Buildu	p:	Shut in 9/2	9/15 2	20 at		(AM) (PM)	Taken_9/	30/15	20	at	(AM) (PM)	
Well on L					0 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
						OBSERVE	D SURFAC	E DATA		<u></u> _	Duration of Shut-i	nHours	
Static / Orificon Dynamic Size		Meter Prover Pressu		1 '**	Flowing Temperature t	Well Head Temperature t	perature Wellhead F		Wellhea (P _w) or	ubing id Pressure (P _t) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)	
Shut-In	.375	<u> </u>	psig (Pm)	Inches H ₂ 0			70 psig	psia	psig 25	psla	24		
Flow													
	-			т		FLOW STF	REAM ATTE	IBUTES				···	
Plate Coeffiec (F _b) (F Mcfd	ient p)	Pro	Circle one: Meter or over Pressure psia	Press Extension P _m x h	Grav Fac F	tor	Flowing Temperature Factor F _n	Fa	iation ctor pv	Metered Flov R (Mcfd)	v GOR (Cubic Fee Barrel)	Flowing Fluid Gravity G _m	
									_				
					•	OW) (DELIV		•				= 0.207	
(P _c) ² =		<u>-</u> :_	(P _w) ² =	Choose formula 1 or 2	P _d =		% (1	² _a - 14.4) +	14.4 =	= '	(P _d) ²	=	
(P _c) ² - (I or (P _c) ² - (I	-	(F	P _c)²- (P _w)²	1. P _c ² -P _s ² 2. P _c ² -P _d ² divided by: P _c ² -P _m	LOG of formula 1. or 2. and divide	P _c ² -P _w ²	Š10 As	essure Curve pe = "n" - or esigned lard Slope	nxL	og [Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
-	_			avastey. te I w		<u> </u>			-				
Open Flo	w	Mcfd @ 14.65 psia				Deliveral	Deliverability Mcfd @ 14.65 psia			<u></u>			
		•	•							•	rt and that he has		
the facts s	tated ti	nerei	in, and that s	aid report is true	e and correc	t. Executed	this the $\frac{2}{}$			CTOBER	\overline{O}	, 20 <u>15</u>	
			Witness (if any)	- KA	Re NSAS CURPO	Ceived RATION COMM	Wission	RX	ullay	Company		
			For Com	nission		-0CT	1 6 2015	<u>.</u>)		Chec	ked by		

CONSERVATION DIVISION WICHITA, KS

exempt status un and that the fore correct to the bes	ler penalty of perjury under the laws of the state of Kansas that I am authorized to request der Rule K.A.R. 82-3-304 on behalf of the operator WOOLSEY OPERATING CO, LLC going pressure information and statements contained on this application form are true and t of my knowledge and belief based upon available production summaries and lease records allation and/or upon type of completion or upon use being made of the gas well herein named.
	est a one-year exemption from open flow testing for the CLARKE 2
	rounds that said well:
(Check □ □ □ ✓ I further agre	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 e to supply to the best of my ability any and all supporting documents deemed by Commission
staff as necessar Date: 10/2/15	y to corroborate this claim for exemption from testing.
	Signature: Who Northern Comments of the Contract of the Contra

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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