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

	it:			(	See Instruct	ions on Rev	verse Side	)				
= :	pen Flow eliverabilty	,	Test Date: API No. 15 10-6-15									
Company	у	<del></del>	 nentilLC	10-6-15		Lease Black		175	-218/2 <b>- 0</b>		Well Numb	er
County : Seward	(2)	Loca		Section 15	1	TWP 34S		RNG (E/	W)	2 10	Acres Attributed	
Field <b>Arkal</b> on		<u>.                                      </u>	,	Reservoir	e/Morrow/	Chester			nering Conn ko Pipeline	ection		
Completi 5-21-20		و فرا	a standard	Plug Bac 5900	k Total Dept	h		Packer S None	et at			
Casing S 4.5	Size	Weig 11.6		Internal E 4.000	Diameter	Set a 594		Perfor	ations	то 5900		
Tubing S 2.375	ize	Weig 4.7	ht	Internal D 1.995	Internal Diameter Set at 1.995 5773			Perforations To				
Type Cor Single	mpletion (	Describe)		Type Flui Water	d Production	1			it or Traveling umping ur	g Plunger? Yes าit	/ No	
Producing Annulus	- '	nnulus / Tubir	ng)	% C	arbon Dioxid	de ,		% Nitrog	∍n	. Gas G	ravity - G <sub>g</sub>	
Vertical E	Depth(H)				Press	sure Taps				(Meter	Run) (Prov	er) Size
	Buildup:	Shut in Oc	tober 6th 2	0 15 at 9	00 AM	(AM) (PM)	Taken O	ctober 7	th 20	15 at 9:00 A	<u> </u>	1) (PM)
Well on L	_ine:	Started	2	0 at		(AM) (PM)	Taken	'	20	at	(AN	1) (PM)
					OBSERVE	D SURFACE	E DATA			Duration of Shut	i-in	Hours
Static / Dynamic Property	Orifice Size (inches)	Circle one: Meter Prover Press psig (Pm)	Differential in	Flowing Temperature t	Well Head Temperature t	Casi Wellhead (P <sub>w</sub> ) or (P <sub>p</sub>	Pressure	Wellhea	ubing ad Pressure (P <sub>1</sub> ) or (P <sub>c</sub> ) psia	Duration (Hours)	Liquid Pi (Bara	
Shut-In		-				160	174	155	169	24		
Flow												
			·1		FLOW STR	EÁM ATTRI	IBUTES			<u> </u>		
Coeffied (F <sub>b</sub> ) (F	Plate Coefficient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd  Circle on Meter of Prover Pre psla		Press Extension √ P <sub>m</sub> x h	Grav Fact	or T	Flowing Temperature Factor	Fa	iation ctor ; pv	Metered Flo R (Mcfd)	w GOR (Cubic Fo Barrel	eet/	Flowing Fluid Gravity G <sub>m</sub>
				(OPEN FL	OW) (DELIV	ERABILITY	CALCUL	ATIONS		(D	12 0 007	
P <sub>c</sub> )² =	:	(P <sub>w</sub> ) <sup>2</sup> =	Choose formula 1 or 2	P <sub>d</sub> =		•	° - 14.4) +		<del></del> :_	-	) <sup>2</sup> = 0.207	
(P <sub>c</sub> ) <sup>2</sup> - (I or (P <sub>c</sub> ) <sup>2</sup> - (I		$(P_a)^2 = (P_a)^2 - (P_w)^2 = 1. F$ $(P_a)^2 = 2. F$		ormula 1 or 2:  pa 2 p 2 1 cormula 1 cor 2: and divide by:  p 2 p 2 y: Po2 P 2 y: Po2 P 2 y: Po2 P 3		Backpressure Curve Slope = "n" or Assigned Standard Slope		n x LOG		Antilog	Open Deliver Equals R (Mo	rability x Antilog
		-							-			KCC 0CT
						L			· ·			0CT
Open Flo	ow .		Mcfd @ 14.	65 psia		Deliverab	ility			Mcfd @ 14.65 ps	sia	
Open Flo	ow undersign	ed authority, o			tates that h			make th	e above repo		as knowled	ge RE
The	undersign			Company, s		e is duly au	ithorized to			Mcfd @ 14.65 ps	as knowled	ge oE
	undersign		on behalf of the	Company, s		e is duly au	ithorized to		ctober		as knowled	ge oE

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 Found ation Energy Manage m 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 Black *2-15  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  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.	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 Found ation Energy Managem 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 Black *2-15  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.  vis 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.	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 Found ation Energy Managem 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 Black 2-15  gas well on the grounds that said well:  (Check one)  is a coalbed methane producer  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.  vis 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.		
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			staπ as necessary	to corroborate this claim for exemption from testing.
				Signature:
Signature:				•
Signature:	Title: HSE/Regulatory Tech	Title: HSE/Regulatory Tech	*	

## 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.