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

Type Tes	St:					(	See Ins	struct	ions on Rev	rerse Side	<del>?</del> )					
	pen Flo					Test Date	a:			•	API	No. 15				
<b>✓</b> De	eliveral	bilty				10-7-15						5-00044 -	904	00		
Compan Founda		nerģ	y,Managei	ment LLC	Ta.	4 11 12 2	:}		Lease Robert [	Davies				1-12	Well Num	nber .
County Location Seward NE SW SE NW				Section 12			TWP 34S		RNG (E/W) 32W		Acres Attributed			tributed		
Field Arkalon				Reservoir Chester			Gas Gathering Anadarko Pi		•				•			
Dompletion Date  0-17-1961ミナード はいりょう					Plug Bac 6030	k Total	Dept	h	l		Packer Set at		•			
Casing Size Weight .5 10.5				Internal Diameter 4.090			Set at <b>6029</b>		Perforations 5858		٠	то 59 <u>2</u> 6				
Tubing Size Weight 2.375 4.7				Internal Diameter 1.995			Set at 5850		Perforations			То				
Type Completion (Describe) Single					Type Flui Water	d Produ	uction			Pump Unit or Traveling Plunge NO			inger? Yes	er? Yes / No		
Producin Annulu	-	(Anı	nulus / Tubir	ng)		% C	arbon l	Dioxic	de	•	% Nitrog	en		Gas Gr	avity - G	
Vertical D		<del> </del>		<u> </u>			,	Press	sure Taps					(Meter F	Run) (Pro	over) Size
Pressure	Buildu	ıp:	Shut in Oc	ctober 7th	20	15 at 1	0:00 A	M.	(AM) (PM)	Taken O	ctober 8	8th 2	15	at_10:00 /	AM (A	M) (PM)
Well on L	_ine:		Started		20	at			(AM) (PM)	Taken		2	·	_ at	(A	M) (PM)
			I		- ,		OBSE	RVE	SURFACE				Dui	ration of Shut-	in	:Hours
Static / Dynamic Property	amic Size Prov		Circle one: Meter Prover Press psig (Pm)	Differential				ead ature	Casing Wellhead Pressure $(P_w)$ or $(P_1)$ or $(P_c)$ psig psia		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> ) psig psia		Duration (Hours)		Liquid Produced (Barrels)	
Shut-In									150	164	150	164	24	4		_
Flow												<u> </u>				
				<del></del>		<del></del>	FLOW	STR	EAM ATTRI	BUTES	1					
Plate Coeffiecient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension √ P <sub>m</sub> x h		Grav Fact	or	176 2.,*	Factor Fa		ation ctor	Metered Flo R (Mcfd)	w	GOR (Cubic Fe Barrel)	Gravita	
								_					_			
ెం)² ≔		_:	(P <sub>w</sub> ) <sup>2</sup> :	=	:	OPEN FLO P <sub>d</sub> =		ELIVE	ERABILITY) (P.	CALCUL - 14.4) +		:		(P <sub>a</sub> )' (P <sub>d</sub> )'	²= 0.20°	7
(P <sub>c</sub> ) <sup>2</sup> - (I or (P <sub>c</sub> ) <sup>2</sup> - (I		(P <sub>a</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> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>		LOG of formula 1. or 2. and divide by:		2	Backpressure Curve Slope = "n" or Assigned Standard Slope			LOG [		Antilog	Ope Deliv	n Flow Family R x Antilog
			,			,							-			REC
Open Flo	nw			Mcfd @	14.6	5 nsia			Deliverabi	lity			Mof	d @ 14.65 psi		
		_		on behalf of said report is					•			•	ort a	nd that he ha		•
t_								_								
			Witness	(if any)				_	_			For	Compa	any		

	かんし er penalty of perjury under the laws of the state of Kansas that I am authorized to request
	er Rule K.A.R. 82-3-304 on behalf of the operator Foundation Energy Managem
	oing pressure information and statements contained on this application form are true and
correct to the bes	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.  Sest a one-year exemption from open flow testing for the Robert Davies *1-12
gas well on the gr	ounds that said well:
(Check	one)
<u>.</u> []	is a coalbed methane producer
一	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
<b></b>	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 necessan	to corroborate this claim for exemption from testing.
	I
Date: 10-9-15	
	Signature: Laulin O'l
	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.