KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Test: (See Instructions on Reverse Side) | | | | | | | | | | | | |
|--|-----------------------------------|---|---|---------------------------------------|-------------------------------|--|---------------------------|---------------------------------------|--|------------------------------------|--|--|
| | en Flow liverabilty | | | Test Date 8/19/20 | | _ | | | No. 15 33-20964 • | -0000 | | |
| Company Chesapeake Operating, L.L.C. | | | | | | Lease Booth | Lease | | • | Well Number | | |
| County Location Comanche 660 FSL & 1320 FEL | | | | Section 13 | | | RNG (E/W) 18W | | vj` , | Acres Attributed | | |
| Field Wilmore | | | | Reservoi | Reservoir Marmaton | | , , , , | Gas Gathering Con OneOk Field Serv | | | | |
| Completic 9/29/98 | | | , , | Plug Bac 4913 | k Total Dept | h | : | Packer Se | et at | 1, | | |
| Casing Si 5.5 | ize | Weight | : | Internal I 4.950 | Diameter | Set a 5611 | | Perfora 4830 | | To 4834 | | |
| Tubing Size Weight 2.375 4.7 | | | Internal Diameter 1.995 | | Set a 4883 | | - Perforations | | To -10 by | | | |
| Type Completion (Describe) Gas | | | | Type Fluid Production Water | | · . | Pump Unit | | | ng Plunger? Yes / No | | |
| Producing Thru (Annulus / Tubing) Annulus | | | | % C | % Carbon Dioxide | | % Nitrogen | | n | Gas Gravity - G .626 | | |
| Vertical D 5675 | epth(H) | · · · · · · · · · · · · · · · · · · · | | , | Press | sure Taps ge | , | | | (Meter F | un) (Prover) Size | |
| Pressure | Buildup: | Shut in 8/18 | 2 | 0_15 at 8 | :00 | (AM) (PM) | Taken 8/ | 19 | 20 | 15 at 8:00 | (AM) (PM) | |
| Well on L | ine: | Started | 20 | o at | | (AM) (PM) | Taken | | . 20 | · · · | (AM) (PM) | |
| | | | 1. | | OBSERVE | D SURFACE | E DATA | | 1. | Duration of Shut-i | n_24Hours | |
| Static / Dynamic Property | Orifice Size (inches) | Meter Prover Pressure psig (Pm) | Pressure Differential in Inches H ₂ 0 | Flowing Temperature | Well Head Temperature t | Casi Wellhead.l (P _w) or (P _o | | | f Pressure P _t) or (P _c) | Duration (Hours) | Liquid Produced (Barreis) | |
| Shut-In | * | | : :: | | | · · · · · · · | 414.4 | 165 | | 24 | | |
| Flow | 1, 1, | <u> </u> | | .i. i.: | , i. i.; , i, j: | | | [::] ::: | | | | |
| 1, | <u>, '</u> | 151 - 151 1 125 - 11 1 | <u> 1.</u> | ·.' . | FLOW STR | | BUTES | | | 1, 1, 1 1 N 1, 1 | <u>: : : : : : : : : : : : : : : : : : : </u> | |
| Plate Coeffieci (F _b) (F Mcfd | ent: | Circle one: Meter or over Pressure, psia | Press Extension P _m x h | Grav Fac | | Flowing emperature Factor F _{tt} | Fa | ation ctor | Metered Flov R (Mcfd) | w GOR (Cubic Fee Barrel) | Flowing Fluid Gravity G _m | |
| | ; | | · ;;. | | | | | ; . :- <u>:</u> | -1. | | | |
| (OPEN FLOW) (DELIVERABILITY) CALCULATIONS (P_a) ² =: 0.207 (P_c) ² =: ; P_d = % (P_c = 14.4) + 14.4 = ; (P_d) ² = | | | | | | | | | | | | |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | · · · · · · · · · · · · · · · · · · · | oose formula 1 or 2: | | | 1 | sure Curve | | | ::: | T- 1 (1) | |
| : (P _c) ² - (F | ² a) ² : (1 | P _c)2 - (P _w)2 · | 1. P _c ² -P _a ² | LOG of formula | | | 99 = "N" | n x LC | og | A | Open Flow Deliverability | |
| (P _c) ² - (F |)2 | divi | 2. P ² -P ² ded by: P ² -P ² | 1. or 2. and divide by: | P. 2 - P. 2 | | or signed ard Slope | 1 | [; .] . | Antilog | Equals R'x Antilog (Mcfd) | |
| 12.7 1 1 | 1. 1. | ,7 | 1. 1. 1 | | | | 1. | 7.0 m s | -, -, -, -, | i grand di ur da drand di da | : | |
| | · · · · · | · · · · · | <u> </u> | · · · · · · · · · · · · · · · · · · · | : . | | · · · · · · | <u> </u> | | | | |
| Open Flor | N | <u> </u> | Mcfd @ 14. | 65 psia | | . Deliverab | ility | <u> </u> | · · · · | Mcfd @ 14.65 psi | a 1.1 in 1.1 | |
| The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 20 day of October 2 | | | | | | | | | | | | |
| the facts stated therein, and that said report is true and correct. Executed this the 20: day of October | | | | | | | | | | | | |
| <u> </u> | | Militages lit as | w) | K | CC WI | CHITA | · · | | | 20mpany | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Witness (if any) For Company: | | | | | | | | | | | 1, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | |

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| t | 1 | . , | | - |
| | ાંડા der penalty of perjury under the law | s of the state of Kansas | that I am authorized to | request |
| exempt status un | der Rule K.A.R. 82-3-304 on behalf o | f the operator Chesapea | ke Operating, L.L.C. | |
| • | going pressure information and sta | | | true and |
| | st of my knowledge and belief based | | | |
| • | allation and/or upon type of completi | • | • | |
| | est a one-year exemption from open | • | | |
| | rounds that said well: | , | - | ; . |
| 3 | | | | · . |
| (Chec | k one) | | | |
| | is a coalbed methane producer | | | ı |
| | is cycled on plunger lift due to wat | er | | • |
| | is a source of natural gas for injec | tion into an oil reservoir u | indergoing ER | |
| | is on vacuum at the present time; l | ·. | | ; |
| · · · · · · · · · · · · · · · · · · · | is not capable of producing at a da | | | |
| | | | | |
| I fürther agre | e to supply to the best of my ability | any and all supporting do | cuments deemed by (| Commission |
| staff as necessa | y to corroborate this claim for exem | ption from testing. | | ! |
| • • | | | | |
| 10/20/201 | | | | |
| Date: 10/20/201 | | | | |
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| [- i- | Ciánalisma | $\sum_{\alpha} \sum_{i} \sum_{i$ | , + | |
| | Signature: | | | , |
| | Title: | Sara Everett, Regulato | ry Analyst | <u></u> |
| | | • | | |
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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.