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

Type Test	t:				(	See Instruc	tions on Re	everse Side	e)			
Op	en Flo	W			Test Date				ADI	No. 15		
De	liveral	oilty			04/07/2					7-20384 <b>- 0 (</b>	000	
Company		;		• •	,		Lease Broce		•	1		Well Number 1
County Harper			Locati C SE N		Section .	,	TWP 31S		RNG (E/	W)		Acres Attributed
Field Spivey (	Grabs			<del></del>	Reservoir Miss	r			Gas Gat	nering Conne		
Completic 01/27/19		te			Plug Bac 4431	k Total Dep	th		Packer S none	et at	0	CT 20 CHIZ
Casing Size 4-1/2			Weigh 10.5	t	Internal Diameter		Set at 4459		Perforations 4373		To 4377RECEIVED	
Tubing S 2-3/8	ize		Weigh		Internal I	Diameter	Set	at	Perfo	rations	То	ENED
Type Cor single (						d Production	n		Pump Un	it or Traveling	Plunger? Yes	
Producing Thru (Annulus / Tubing) annulus				)	% Carbon Dioxide				% Nitrogen Gas Gravity - G			avity - G <sub>g</sub>
Vertical D		H)			if	Pres	sure Taps			1	(Meter F	Run) (Prover) Size
			Anr	07	15 9	·4∩ am		Δ	pr 10		15 9·20 ar	n
Pressure Well on L			Shut in Apr				-		•	,	15 at 9:20 ar at	
					, w. <u></u>							
	_					OBSERVE	D SURFAC	E DATA		. [	Duration of Shut-i	nHours
Static / Dynamic Property	Orif Siz (inch	ze	Circle one: Meter Prover Pressu	ue ( u	Flowing Temperature t	Well Head Temperature t	Wellhead	sing I Pressure P <sub>1</sub> ) or (P <sub>c</sub> )	Wellhea	ubing ad Pressure (P,) or (P <sub>c</sub> )	Duration (Hours)	Liquid Produced (Barrels)
Shut-In			psig (Pm)	Inches H <sub>2</sub> 0			psig 385	99.4	psig	psia	r	,
Flow												
		<del></del>				FLOW STR	REAM ATTE	RIBUTES		_		
Plate Coeffied (F <sub>b</sub> ) (F Mofd	ient _)	Pro	Circle one: Meter or over Pressure psia	Press Extension P <sub>m</sub> x h	Grav Fact	tor	Flowing Temperature Factor F <sub>11</sub>	Fa	riation actor	Metered Flow R (Mcfd)	GOR (Cubic Fee Barrel)	Flowing Fluid Gravity G <sub>m</sub>
L			<u> </u>									
(D.)2				_		OW) (DELIV						= 0.207
(P <sub>c</sub> ) <sup>2</sup> = (P <sub>c</sub> ) <sup>2</sup> - (F or (P <sub>c</sub> ) <sup>2</sup> - (F	- 1	 (P	P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	: Chause formula 1 or 2:  1. P <sub>e</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>e</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup> iivided by: P <sub>e</sub> <sup>2</sup> - P <sub>e</sub> <sup>2</sup>	P <sub>d</sub> = LOG of formula 1. or 2. and divide	P2-P2	Backpre Slo	P <sub>c</sub> - 14.4) + essure Curve pe = "n" - or essigned dard Slope	nxl	og	(P <sub>d</sub> )² Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
				iividea by: P <sub>c</sub> - P <sub>w</sub> -	by:	<del></del>	Jan	aaid Siope				
						1	<del></del>		-	,		
Open Flow		•	Mcfd @ 14.65 psia				Deliveral	Deliverability Mcfd @ 14.65 psia			1	
The (	unders	igned	d authority, on	behalf of the (	Company, s	tates that h	e is duly a			•	and that he has	-
the facts s	tated t	herei	n, and that sa	id report is true	and correct	t. Executed	this the :2	6 ·	day of O	et .	, , , , , , , , , , , , , , , , , , ,	, 20
			Witness (if	any)		***************************************	•			50:00	mpany	<u> </u>
			For Commi	ssion		<del></del>				Check	ed by	

COSD- 1 18	•						
I declare under penalty of perju	ury under the laws of the state of	of Kansas that I am authorized to request					
exempt status under Rule K.A.R. 82	-3-304 on behalf of the operator_	Onshore LLC					
		ined 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 upo	n type of completion or upon use	being made of the gas well herein named.					
i hereby request a one-year exe	emption from open flow testing fo	r the Broce #1					
gas well on the grounds that said w	ell:						
(Check one)							
is a coalbed met	•						
	is cycled on plunger lift due to water  is a source of natural gas for injection into an oil reservoir undergoing ER						
<u></u>	the present time; KCC approval I						
is not capable of	f producing at a daily rate in exce	ess of 250 Inci/D					
I further agree to supply to the	best of my ability any and all suc	porting documents deemed by Commissi					
staff as necessary to corroborate th	•	ina					
· · · · · · · · · · · · · · · · · · ·	•	KCC WICHT					
. Od 20 2015		CC WICHITA  UCT 29 2015					
Date: Oct 26, 2015	· · · · · · · · · · · · · · · · · · ·	2 9 2015					
		RECEIVED					
	. ,						
	Signature:						
	John M Kelley						
	Title: owner-opera	Uf					

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.