KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| lype lest | | | | , | 000 111311 | uctions on ne | verse oruc | •) | | | | | |
|---|-----------------|--|---|------------------------|----------------------------|---------------------------|--|---------------------------|---------------------------------|---|-------------------------|------------------------------|--|
| ✓ Open Flow Test Dat Deliverability | | | | | | | | | No. 15 | . 0.000 | | | |
| Company | <u> </u> | | oration | 8/28/15 | 8/28/15 Lease Holgen | | | 15-09520151 - 0000 | | | Well Number #1-3 | | |
| McCoy Petroleum Corporation County Location Kingman C SE NW | | ation | Section 3 | | TWP | TWP | | RNG (E/W) 9W | | Acres Attributed | | | |
| Field | | | Reservoi | 7 | - 000 | | Gas Gathering Connec | | | | | | |
| Spivey-Grabs Completion Date | | | | sippian | | | WWGG Packer Set at | | | KCC WICH TO NOV 0 9 201 4240' TO RECEIVE | | | |
| 7/7/69 | | | 4314' | k Total D | epin | racker | | | | - NOV - | | | |
| Casing Size Weight 5.5" 14# | | | Internal Diarmeter | | Set at 4344' | | Perforations 4220' | | то 4240' | ່ າ ະບ∀ ປູ໘ 240' _ | | | |
| Tubing Size Weight | | | Internal I | Diarmeter | Set | Set at 4288' | | orations | То | RECEIVE | | | |
| 2.375" 4.5# Type Completion (Describe) | | | | Type Flui | d Produc | | ਲ' | Pump Unit or Traveling | | Plunger? Yes / No | | | |
| Single | | | | Gas & | Water | <u>'</u> | | Pumping Unit % Nitrogen | | Gas Gravity - G | | | |
| Producing | j Thru (/ | Annulus / Tubi | ng) | % (| Carbon Di | oxide | | % Nitrog | gen | Gas Gr | ravity - G _g | | |
| Vertical D | epth(H) | | | | Pr | ressure Taps | | | | (Meter | Run) (Prover |) Size | |
| Pressure | Buildup: | Shut in | 8/28 | 20 15 at 1 | 1A 00:0 | <u>√</u> (AM) (PM) | Taken 8/ | 31 | 20 | 15 _{at} 10:00 | AM (AM) | (PM) | |
| Well on L | | | | | | | | | | at | | | |
| | | | | | | | | | | | 72 | | |
| - · · · · · | | . Circle and | Pressure | | | VED SURFAC | | . | Tubing | Duration of Shut- | nut-in Hours | | |
| Static / Dynamic | Orifice Size | Meter Prover Pres | | Flowing Temperature | | Wellhead | Wellhead Pressure (P _w) or (P _t) or (P _c) | | ead Pressure or (Pt) or (Ps) | Duration (Hours) | | Liquid Produced (Barrels) | |
| Property | (inches | psig (Pri | n) Inches H ₂ 0 | t | t t | psig | psia | psig | psia | · | | | |
| Shut-in | | | | | | 245# | _ | | _ | 72 | - | | |
| Flow | | | | | <u> </u> | | | ļ | | | | | |
| | - 1 | Circle one: | 1 | | FLOW S | TREAM ATTR | IBUTES | | <u></u> | | | | |
| Plate Coeffied | ient | Meter or Prover Pressure | Press Extension | Extension Fac | | Temperature | ' l Fac | | Metered Flow R | y GOR (Cubic Fe | et/ F | owing Puid | |
| (F _b) (F Mcdd | o/ | psia | √ P _m xh | F | 9 ' | Factor F _{rt} | F | pv | (Mcfd) | Barrel) | | ravity G _m | |
| | | | | | | | | | | | | | |
| | | | | (OPEN FL | OW) (DEI | LIVERABILITY |) CALCUL | ATIONS | | (P_) |) ² = 0.207 | | |
| P _o)2 = | | : (P _w) ² | | P _d = | | _%(| ្ច - 14.4) + | 14.4 = | :, | |) ² = | | |
| (P _c) ² - (F | a)2 | $(P_c)^2 - (P_w)^2$ Choose formula 1 or 2: 1. $P_c^2 - P_a^2$ | | LOG of formula | | | Backpressure Curve Slope = "n" | | LOG | | Open F Delivera | I | |
| (P _c)2- (F | 2,)2 | 2. P _c ² -P _d ² | | 1, or 2, | | | Assigned | | | Antilog | Equals R x | quals R x Antilog (Mcfd) | |
| | | _ | divided by: P _c ² - P | 2 by: | w_ | Stand | lard Slope | - | | | (IMCIC | '' | |
| | | | | | | | | | | | | | |
| | | | | | | | | | } | | | | |
| Open Flor | W | | Mcfd @ 14 | .65 psia | | Deliverat | oility | | | Mcfd @ 14.65 ps | ia | | |
| The t | ındersig | ned authority, | on behalf of the | Company, | states tha | nt he is duly a | / | | - | rt and that he ha | _ | | |
| he facts s | tated the | erein, and that | said report is tru | e and correc | t. Execut | ted this the | <u> </u> | day of 1 | November | | , , 20 <u>_</u> | 5 | |
| | | | | | | | | $\sim \ell$ | oll 4 | Dansel | | | |
| | | Witnes | s (if any) | | | | | , Ju | FarC | Company | | | |
| | | For Cor | nmission | | | | | | Chec | cked by | | | |

| 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 McCoy Petroleum Corporation 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 Holgerson #1 |
| 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. |
| Date: |
| Signature: Vice President - Production |
| |

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.