KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST (See Instructions on Reverse Side)

Type Test	t:			((See Instruct	ions on He	rerse Siae	;)					
	en Flow			Test Date	e:				No. 15				
De	liverabil	ty		04/07/2	015			-07	7-20169 – 🚺	000			
Company Onshon				, .		Lease Newber	ry B				Well Nu		
County Location Harper C NW NW			Section 35			TWP 31S		RNG (E/W) 9W		Acres Attributed			
Field Spivey Grabs			Reservoi Miss	r	,	Gas Gath Pioneer		thering Conne	ection	RO	CM		
Completion Date 12/21/1972			Plug Bac 4377	k Total Dept	h		Packer Set at none			UCT 29			
Casing S 5-1/2	asing Size Weight 1/2 15.5		Internal Diameter		Set at 2spf		Perforations 4374		то 4376	To RECEIV			
Tubing Si 2-7/8	ubing Size Weight		Internal	Internal Diameter		Set at		Perforations					
	-	(Describe)			id Production	1		Pump U	nit or Traveling	Plunger? Yes	s / No		
		Annulus / Tub	ing)		Carbon Dioxi	de		% Nitrog	jen	Gas G	iravity - (3 ₉	
annulus													
/ertical D	epth(H)			ì	Pres:	sure Taps				(Meter	Run) (P	rover) Size	
ressure	Buildup	: Shut in A	pr 07	₂₀ 15 at 1	2:10 pm	(AM) (PM)	Taken_A	pr 10	20	15 _{at} 9:55	am	(AM) (PM)	
Well on L	ine:			20 at		(AM) (PM)	Taken		20	at	((AM) (PM)	
					OBSERVE	D SURFAC	E DATA	_		Duration of Shu	t-in	Hou	
Static / Dynamic Property	amic Size Prover Pressu		Differentia	lemperature Temperatur		I Wellhead Pressure		Tubing Wellhead Pressure (P_w) or (P_t) or (P_c)		Duration (Hours)		id Produced Barrels)	
Shut-In		psig (Pi	n) Inches H ₂	0		psig 400	psia 414.4						
Flow													
	,				FLOW STR	EAM ATTR	BUTES						
Plate Coefficeient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia	Meter or Extension		. Gravity Factor F _g		Flowing Temperature Factor F ₁₁ Devia		Metered Flow R (Mcfd)	GOF (Cubic F Barre	eet/	Flowing Fluid Gravity G _a	
			<u> </u>	(OPEN FI	.OW) (DELIV	FRABILITY	CALCIN	ATIONS	<u> </u>				
P _c) ² =		.: (P _w)	² = :	P _d =			, - 14.4) +		:		$(a)^2 = 0.2$ $(a)^2 = 0.2$.07	
$(P_c)^2 - (1 - 1$	"	(P _c) ² - (P _w) ²	1. P _c ² - P _s ² 2. P _c ² - P _d ²	Choose formula 1 or 2: 1. P ² - P ² 2. P ² - P ² 4. 1. or 2. and divide		Backpres Slope		, ,	LOG	Antilog	O _l Del Equals	Open Flow Deliverability Equals R x Antilog (Mcfd)	
·			divided by: P _c ² -1	by:	<u> </u>	Stand	ard Slope					·····-/	
•			.,					-					
Open Flow Mcfd @ 14.65 psia			Deliverab	Deliverability Mcfd @ 14.65 psla									
			on behalf of the said report is to					o make the		rt and that he h		rledge of 20 <u>15</u>	
		Witne	ss (if any)	•					- Fore	отралу			
		For Co	mmission			-			Chec	ked by	· · - · · ·		

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I declare under penalty of perjury u	under the laws of the st	ate of Kansas that I a	m authorized to request
exempt status under Rule K.A.R. 82-3-30	04 on behalf of the opera	tor Onshore LLC	· · · · · · · · · · · · · · · · · · ·
and that the foregoing pressure informa	ation and statements co	ontained on this appli	cation form are true and
correct to the best of my knowledge and	d belief based upon avai	able production sumn	naries and lease records
of equipment installation and/or upon typ	pe of completion or upor	use being made of the	e gas well herein named.
I hereby request a one-year exempt	tion from open flow testir	ng for the Newberry E	3 #1
gas well on the grounds that said well:	:		<i>;</i>
		•	
(Check one)			
is a coalbed methane		- 1	
is cycled on plunger			
	ll gas for injection into ar	_	ing ER
	oresent time; KCC appro oducing at a daily rate in		
is not capable or pro	ducing at a daily rate in	excess of 250 mg/D	
I further agree to supply to the best	of my ability any and al	l supporting documen	ts deemed by Commissio
staff as necessary to corroborate this cl			to decimed by Commission
ac 1100000a. y 10 00110001a. b 1110 01		g.	
Oct 26 2015			KCC WICHITA OCT 29 2015 RECEIVED
Date: Oct 26, 2015	. 1		Office
			2 9 2015
	•	2	KECEIVED
	Signature:		•
		John M Kel	ley
	Title: owner-op	perator	

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.