KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Tes | t; | | | | (| See Instruct | tions on Re | verse Sid | e) | | | | |
|--|-------------------|--|--|---|------------------------------------|---------------------------------------|--|---|--|------------------|----------------------------------|--------------------------------------|--|
| Op | en Flo | w | | | T D-4 | | | | 4.5 | LN- 45 | | | |
| Deliverabilty | | | Test Date 04/07/2 | | | API No. 15 -077-21037 0000 | | | | | | | |
| Company Onshor | | ; | - | | | | Lease Dusent | oury A | | | | Well No 8 | |
| County Location Harper C SW SW | | | | Section 34 | | TWP 31S | | RNG (E 9W | E/W) | | Acres Attributed | | |
| Field Spivey Grabs | | | | Reservoi Miss | Γ, | | Gas Gath Pioneer | | nering Connection | | K | C WIC | |
| Completion Date 10/10/1985 ; | | | | | Plug Bac 4395 | k Total Dept | h | | Packer Set at none | | | To RECEIV | |
| Casing Size 5-1/2 | | | Weight 15.5 | | Internal Diameter | | Set at open/hole | | Perforations 4395 | | To . 4402 | R | ECEIVED |
| Tubing Size Weight 2-7/8 | | | | Internal [| Diameter | Set | Set at Perforations | | orations | То | | | |
| Type Cor single (| | | | | | id Production oil & gas | | , | Pump U P/U | nit or Traveling | Plunger? Yes | / No | |
| Producing | | (Anı | nulus / Tubin | g) | % C | ≿arbon Dioxi | de | | % Nitro | gen | Gas Gı | avity - | 3 ₉ |
| Vertical D | Depth(I | ન) | | , | | Pres | sure Taps | | | | (Meter | Run) (P | rover) Size |
| Pressure | Buildu | ip: | Shut in Ap | r 07 | 15 at 2 | :10 pm | (AM) (PM) | Taken_A | pr 10 | 20 . | 15 _{at} 12:00 | pm | (AM) (PM) |
| Well on L | | | | | | | | • | | | at | | |
| | | | | u . | ٠, | OBSERVE | D SURFAC | E DATA | | | Ouration of Shut- | -in | Hours |
| Static / Orifice Dynamic Size Property (inches) | | e | Circle one: Meter Prover Press psig. (Pm) | | Flowing Temperature t | Well Head Temperature t | re Wellhead Pressure (P _w) or (P ₁) or (P _c) | | Tubing Wellhead Pressure (P _w) or (P _t) or (P _c) | | Duration (Hours) | Liquid Produced (Barrels) | |
| Shut-In | | •—— | poig (i iii) | mones H ₂ O | | | 310 | 95ia 324.4 | psig | psia | | | |
| Flow | | | | | | | | | | | | | |
| | | · . | | | | FLOW STR | EAM ATTR | IBUTES | | · · · · · | 1 | | |
| Plate Coeffictient (F _b) (F _p) Mcfd | | Circle one: Meter or Prover Pressure psia | | Press Extension ✓ P _m x h | Grav Fact F _s | tor T | Flowing Temperature Factor F _{ft} | | eviation Metered Floractor R F _{pv} (Mcfd) | | w GOR (Cubic Feet/ Barrel) | | Flowing Fluid Gravity G _m |
| | | | | <u> </u> | | | | | | | | | |
| (P _c) ² = | | | (P)² ≃ | :: | (OPEN FL | OW) (DELIV | | ') CALCUI P _e - 14.4) + | | • | | ² = 0.2 ² = | .07 |
| (P _c) ² - (I or (P _c) ² - (I | P _a)² | | P _c) ² - (P _w) ² | Choose formula 1 or 2 1. P _c ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _w | LOG of formula 1. or 2. and divide | | Backpre Slo As | essure Curve pe = "n" - or esigned lard Slope | ≱ | LOG | Antilog | Op Del Equals | pen Flow iverability s R x Antilog (Mcfd) |
| | | | | | | | | | - | | · | | |
| Open Flow Mcfd @ 14.65 psia | | | | Deliverability Mc | | | | | | | | | |
| | | igned | d authority, o | | <u></u> | states that h | | <u> </u> | to make t | | t and that he ha | | ledge of |
| the facts s | tated t | herei | n, and that s | aid report is tru | e and correc | t. Executed | this the 2 | 6 . | day of _C | Oct | | • | 20 15 . |
| | | | , | | | | , | | | | | | |
| | | | Witness (| it any) | | | | | | | mpany | | |
| | | | ForCom | nission | | | - | | | Check | ed by | | |

| و الموادرات | | | · | | | |
|---------------------------------|-------------------|----------------------|---------------|-------------------|--------------|----------------------------------|
| ் பிரியி I declare under per | | under the laws | of the state | of Kansas that | Lam auth | orized to request |
| exempt status under Ru | | | | | i aiii auui | onzed to request |
| and that the foregoing | | | | | aplication f | orm are true and |
| correct to the best of my | - | | | • | - | |
| of equipment installation | _ | | • | , | | • |
| I hereby request a c | | | | | | · · |
| gas well on the grounds | | ilon nom open i | iow testing | 101 tile | | 1 |
| gas well of the ground | That baid Woll. | , , | | | | |
| (Check one) | | | | | | , |
| isa | coalbed methan | e producer | ÷ | er str | | , , , |
| is cy | cled on plunger | lift due to wate | r | | | |
| is a | source of natura | al gas for injection | on into an c | il reservoir unde | rgoing ER | |
| is or | vacuum at the p | present time; K0 | CC approva | I Docket No | | |
| √ is no | ot capable of pro | ducing at a dai | ly rate in ex | cess of 250 mcf | /D , - | |
| | | | | | | |
| I further agree to su | | • | , | • | nents deer | ned by Commissio |
| staff as necessary to co | orroborate this c | laim for exemp | tion from te | esting. | | |
| | | | | | | KCC WICHING OCT 29 2015 RECEIVED |
| Date: Oct 26, 2015 | | • | • | | | UCZ WICHI |
| | | | • | | | 29 2015 |
| | | | - | • • | - | RECEIVED |
| | | | | | | .20 |
| | | | | | | |
| | | Signature C | | John | M Kell | ey |
| | | Title: | owner-ope | rator | | |
| | • | · | | | | |

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.