## SIP

## Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test	:			(	See Instruct	tions on Rev	erse Side	)					
Op	en Flow												
De	liverabilty	/		Test Date 10-14-1					No. 15   <b>119-21280-</b>	00-00			
Company O'BRIEN		GYRESOUR	CES CORP.			Lease HULL				2-11	Well Nu	mber	
County MEAD			Location         Section         TWP         RNG (E/W)           E/2 NWNE         11         34S         30W			Acres A	Attributed						
Field Reservoir ADAMS RANCH MORROW/MARM								thering Conn MIDSTREA					
Completion 5-15-11	on Date			Plug Bac 6015	k Total Dept	h		Packer S NONE			varaaminin mir		
Casing Si 4.5	ze	Weigh 10.5	Internal Diameter Set at Perforations 4.052 6105 5294		To 5884								
Tubing Si 2.375	Tubing Size Weigi 2.375 4.7		nt	Internal Diam 1.995		Set at 5262		Perforations		То			
Type Con	•	(Describe) GAS		Type Flui OIL/W	d Production ATER	7	authoracts classes or emain em crosses	Pump U YES-F	nit or Traveling PUMP	Plunger? Yes	/ No	p <del>i-qq*</del> -201-1	
Producing ANNUL		Annulus / Tubin	g)	% C	arbon Dioxi	de		% Nitrog	gen	Gas G	ravity - C	9,	
Vertical D	epth(H)				Pres	sure Taps				(Meter	Run) (Pr	rover) Size	
5589					FLAI	NGE	H-994-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			3.068			
Pressure	Buildup:	Shut in10-	13-15	0at_0	800	(AM) (PM)	Taken_10	)-14-15	20	at 0800	(	AM) (PM)	
Well on L	ine:	Started	2	0 at		(AM) (PM)	Taken		20	at	(	AM) (PM)	
					OBSERVE	D SURFACE	DATA			Duration of Shut	-in_24.	O Hours	
Static / Dynamic Property	Orifice Size (inches	Meter Prover Pressi	Pressure Differential ure in Inches H <sub>2</sub> 0	Flowing Temperature t	Well Head Temperature t	Casi Wellhead (P, ) or (P, psig	Pressure	Wellhe	Tubing ead Pressure r (P <sub>1</sub> ) or (P <sub>c</sub> )	Duration (Hours)		Hours  Juid Produced  (Barrels)	
Shut-In							837.3	Pag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24.0			
Flow													
					FLOW STR	EAM ATTRI	BUTES						
Plate Coeffieci (F <sub>b</sub> ) (F McId	ent ,) /	Circle one: Meter or Prover Pressure psia	Press Extension ✓ P <sub>m</sub> xh	ension Factor		Flowing Femperature Factor F <sub>(t</sub>	Fa	lation ctor	Metered Flor R (Mcfd)	w GOR (Cubic Fo Barrel	eet/	Flowing Fluid Gravity G <sub>m</sub>	
				(ODEN EL	OWN (DEL IV	ERABILITY)	CALČIII	ATIONIC					
(P <sub>c</sub> ) <sup>2</sup> =		(P <sub>w</sub> ) <sup>2</sup> =	::	P <sub>d</sub> =		•	CALCOL + (14.4 - ء		<b>:</b>		$)^2 = 0.20$	07	
(P <sub>c</sub> ) <sup>2</sup> - (F or (P <sub>c</sub> ) <sup>2</sup> - (F	1	(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2  1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>c</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>c</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide	P.2. P.2	Backpres Slop Ass	sure Curve e = "n" or igned ard Slope	n x	rog	Antilog	Deli Equals	pen Flow iverability R x Antilog (Mcfd)	
									<del></del>				
Open Flor	N	Mcfd @ 14.65 psia				Deliverabi	lity	Mcfd @ 14.65 psia					
	-	-	aid report is true			•	HTA_		OCTOBER	Teline 9	, 2	20 15 .	
		For Comm	nisslon	***************************************	R	ECEIVE	ED-		700	all d	Ga	<b>2</b>	

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 O'BRIEN ENERGY RESOURCES
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 HULL 2-11
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:

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.