KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:				(See Instructi	ions on Reve	erse Side	;)		,			
Open Flow					Test Date:				API No. 15					
De	liverabi	411	Shu	tInTes						07-23163 -	0000			
Company AMERICAN WARRIOR, INC.						Lease FORESTER				Well Number #B2				
County Location BARBER W2 SE SW			Section 26	-	TWP 33S				Acres Attributed					
				Reservoir MISSISSIPPIAN				nering Conne						
			Plug Back Total Depth 4800				Packer S	et at						
Casing Si	ize		Weight 17#		Internal Diameter 4.892		Set at 4916		Perforations 4538		то 4562			
Tubing Size 2 3/8			Weight		Internal D 1.995		Diameter Set at 4796		Perforations		То			
Type Completion (Describe) GAS				Type Fluid	d Production	1	Pump Unit or Tra N WATER PUMPING U							
Producing Thru (Annulus / Tubing)				% Carbon Dioxide				% Nitrogen		Gas Gravity - G				
ANNUL				<u> </u>								.—		
Vertical E	epth(H)				Press	sure Taps				(Meter F	Bun) (Pr	over) Size	
Pressure	Buildup	o: Shuti	n 11/2	2	0_15 at_7	00 AM	(AM) (PM)	Taken_1	1/22	20	15 at 7:00AN	1(AM) (PM)	
Well on L	.ine:	Starte	d	2	0 at		(AM) (PM)	Taken	_	20	at	(AM) (PM)	
						OBSERVE	D SURFACE	DATA			Duration of Shut-i	n_24	Hours	
Static / Orifi		Meter		Pressure Differential	Flowing Well Head Temperature t t		Casing Wellhead Pressure (P _w) or {P _t) or {P _c } psig psia		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c) psig psia		Duration	Liquie	Liquid Produced	
Property (inche		as) Provi	ver Pressure in								(Hours) Received KANSAS CORFORATION CO		Barrels) ed	
Shut-In	ļ						128			<u> </u>	DEC	28	200	
Flow				L			45				CONSERV	Tions	~013	
					1	FLOW STR	EAM ATTRI	BUTES			Wici	HITA, KE	IVISION	
Plate Coefficcient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension	Grav Fac		emparatura		viation	Metered Flov			Flowing Fluid	
				✓ P _m xh	F _c		Factor F _I ,	1	actor F _{pv}	R (Mcfd)	(Gubic Fe Barrel)	θV	Gravity G _m	
							 "	1						
					(OPEN FL	OW) (DELIV	ERABILITY)	CALCUI						
(P _c)² =		_:	(P _w)² ∷_	:	P _d =		•		+ 14.4 =	:	(P _a);	2 = 0.2 2 =	07	
(P _a) ² - (P 12	(P _a) ² - (Ci	1. P _e ² -P _a ²			Backpres	sure Curv				O	oen Flow	
or	` "	(1-0) ('w/	2. P ₂ 2 P ₃ 2	formula 1. or 2.			e = "⊓"	n x	LOG	Antilog		iverability B X Antilog	
(P _c) ² - (,P ₀ ,1-		di	rided by: P.2 - P.	and divide by:	P _c ² - P _w ²		igned ard Slope		L			(Mcfd)	
	Ì													
Open Flo	ow .	Mcfd @ 14.65 psia					Deliverability				Mcfd @ 14.65 psia			
The	unders	igned aut	nority, on	behalf of the	Company.	states that h	ne is dulv au	thorized	to make ti	ne above repo	ort and that he ha	s know	ledge of	
		•		d report is tru			•			ECEMBER			20 15 .	
									(Shell	eur l'as	e		
			Witness (if a	iny)			_			For	Company	1 ~		
			For Commis	sion			_			Che		<u>^</u>		

I declare under penalty of perjury under the laws exempt status under Rule K.A.R. 82-3-304 on behalf of t	of the state of Kansas that I am authorized to request he operator AMERICAN WARRIOR, INC.
	ments contained on this application form are true and
correct to the best of my knowledge and belief based u	pon available production summaries and lease records
of equipment installation and/or upon type of completion. I hereby request a one-year exemption from open f	n or upon use being made of the gas well herein named.
gas well on the grounds that said well:	low testing for the
(Check one)	
is a coalbed methane producer	
is cycled on plunger lift due to wate	r
is a source of natural gas for injection	on into an oil reservoir undergoing ER
is on vacuum at the present time; K	CC approval Docket No
is not capable of producing at a dai	ly rate in excess of 250 mcf/D
I further agree to supply to the best of my ability a staff as necessary to corroborate this claim for exemp	ny and all supporting documents deemed by Commission tion from testing.
Date: 12/01/2015	
Signature:	Shelley Case WELL OPERATIONS ASSISTANT

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.