KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:				(See Instruc	tions on Re	verse Side)				
Op	oen Flo	wc											
Deliverabilty			Test Date: 11/11/2015					API No. 15 033-20, 825-0001					
Company ARES En	•	.td., 4	05 N. Marient	eld, Suite 250, N			Lease Jellisor			20,020		Well Nu	mber
County Comanche			Local		Section 10	•		TWP 33S		W)	Acres Attributed		
Field Colter \	West	t			Reservoir Mississ				Gas Gat ANR	hering Conn	ection		
Completion 1/24/20		te				k Total Dep	th		Packer S None	Get at			
Casing Size 5-1/2"			Weig 15.5		Internal Dia 4.95"		iameter Set a		Perforations 5,073'		_{То} 5,316' ОА		
Tubing Size 2.375"			Weig 4.70	ht	Internal D 1.995"		Set a			rations	To		
Type Cor Pumpin		n (D		<u>, </u>		d Production	·			nit or Traveling	Plunger? Yes	/ No	
	≖.	ı (Anı	nulus / Tubir	ıg)		arbon Dioxi	lde		% Nitrog		Gas G	ravity - G	
Annulus Vertical D		П/		<u> </u>	 -	Drac	sure Taps				/Alotor	Dun\ /Dr	over) Size
Tortical L	(I										•		
Pressure	Buildt										15 at 11:27		AM) (PM)
Well on L	ine:		Started 11	/11 2	0 15 at 1	1:27 AM	(AM) (PM)	Taken		20	at	(/	AM) (PM)
			-	<u> </u>		OBSERVE	D SURFACE	E DATA	ı		Duration of Shut	-in 24	Hours
Static / Dynamic Property	Dynamic Size		Circle one: Meter Prover Press psig (Pm)		Flowing Temperature t	Well Head Temperature t	Wellhead Pressure (P_w) or (P_l) or (P_p)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration Lie (Hours)		l Produced larrels)
Shut-In			paig (Fili)	Inches H ₂ 0		_	psig 155	psia 169.65	psig	psia		 	
Flow			_			_							-
						FLOW STP	REAM ATTR	IBUTES					
Coeffiec (F _b) (F	Plate Coefficcient (F _b) (F _p) Mcfd		Circle one: Meter or over Pressure psia	Press Extension ✓ P _m xh	Grav Fact F _g	tor	Flowing Temperature Factor	Fa	lation ctor : P*	Metered Flov R (Mcfd)	y GOR (Cubic Fo Barrel	eet/	Flowing Fluid Gravity G _m
							_						
(P₀)² =		_:	(P _w)² :	<u> </u>	(OPEN FLO		'ERABILITY) % (P) CALCUL ^o _e - 14.4) +		:) ² = 0.20	
(P _c) ² - (I or (P _c) ² - (I	P _u)²	(F	P _o) ² - (P _w) ²	: Choose formula 1 or 2 1. P ₀ ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _w ²	LOG of formula 1. or 2. and divide by:		Backpres Slop Ass	ssure Curve be = "n" or signed ard Slope	nxl	.og []	Antilog	Op Deliv Equals	en Flow verability R x Antilog Mcfd)
Open Flo	w	L		Mcfd @ 14.	65 psia		Deliverab	ility			Mcfd @ 14.65 ps	ia_	
The	unders	signe	d authority, o	on behalf of the	Company, s	tates that h	ne is duly au	thorized to	make th	e above repo	rt and that he h	as knowl	edge of
the facts s	tated t	therei	in, and that s	aid report is true	and correc	t. Executed	this the 11	1	day of D	ecember		, 2	o <u>15</u> .
			Witness	(if any)	KANS	Rece	ived – TION COMMISSI	IOM		For C	Company		
								IUN					
			For Com:	mission		DEC 1	8 2015			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 ARES Energy, Ltd. 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
gas well on the grounds triat said well.
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: December 11, 2015
Signature:
CONSERVATION DIVISION WICHITA, KS

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.