KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:					(See Instruc	ctions on Re	everse Side	?)					
Ор	en Flo	W				Test Date	··			ΔDI	No. 15				
Del	liverab _	ilty					5 to 10/14	/15			20,84 %2 -	0000			
Company Rains &		mso	n Oil Co., I	nc.				Lease Thomp	son			A-1	Well N	lumber	
County Location Kingman 220' W SE SW SW					Section 11	TWP 30S		RNG (E/V 07W	V)		Acres Attributed				
Field Spivey-G	ab		****			Reservoir Mississi					ering Conne	ection	17	Class	
	letion Date Plug Back Total Depth Packer Set at								DEC	22 CX					
Casing Si 4.5	ze								Perfora 4095		To 4110	-RE	CEIVED		
Tubing Si 2.375	ze	4080							_						
Type Con single	pletion	n (De	escribe)			Type Flui					t or Traveling mp unit	Plunger? Ye	s / No		
_	Thru	(Anr	nulus / Tubin	g)			arbon Diox	kide		% Nitroge		Gas	Gravity -	G _c	
annulus	1				_										
Vertical D	epth(H	1)					Pres	ssure Taps				(Mete	er Run) (Prover) Size	
Pressure	Buildu	p: :	Shut in 10/	13	20	15 at 7	:00 am	(AM) (PM)	Taken_1(0/14	20	15 at 7:00	am	. (AM) (PM)	
Well on Li	ine:	į	Started		20) at		_ (AM) (PM)	Taken		20	at		(AM) (PM)	
				-			OBSERVI	ED SURFAC				Duration of Shi	ut-in	Hours	
Static / Dynamic Property	Orific Size (inch	е	Meter Differential		Flowing Well Head Temperature t t		(P _w) or (P ₁) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)	Liq	uid Produced (Barrels)		
Shut-In			poig (i iii)	İ	inches 11 ₂ 0			410	psia	psig	psia	24			
Flow															
				,		 ,	FLOW ST	REAM ATT	RIBUTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Mater or Prover Pressure psia			Press Extension ✓ P _m x h	Grav Fact F _s	tar	Temperature Fa		ilation Metered Flo loctor R (Mcfd)		(Cubic Barr	Feet/	Flowing Fluid Gravity G _m	
_															
(P _c) ² =		:	(P) ² =	=	:	(OPEN FL		VERABILITY % (r) CALCUL P _c - 14.4) +		;		$(P_a)^2 = 0$ $(P_a)^2 =$.207	
$(P_{g})^{2} - (P_{g})^{2}$ or $(P_{g})^{2} - (P_{d})^{2}$		(P _c) ² - (P _w) ²		Choose formula 1 or 2: 1. P _c ² -P _a ² 2. P _c ² -P _d divided by: P _c ² -P _x ²		LOG of formula 1, or 2, and divide	P ₂ -P ₂	Backpressure Curve Slope = "n"or Assigned Standard Slope		0 7 1	og [Antilog	(D	Open Flow Deliverability Equals R x Antilog (Mcfd)	
								<u> </u>	-				-		
Open Flor	Open Flow Mcfd @ 14.6								bility	Mcfd @ 14.65 psia					
•		iane	d authority o	n h		·	states that			to make the		rt and that he		wledge of	
		٠,	•	aid	report is true			•	18th	day of De	ecember	J. Meen		, 20 _15	
			For Com						<u> </u>		Cher	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 Rains & Williamson Oil Co., Inc. 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 Thompson A #1 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 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 18, 2015
Signature: <u>Juanita M. Muen</u> Title: President

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.

GAS WELL	REPORT		Ra	Rains and Williamson										
LEASE						WELL NO.		DATE—PROM TO						
7	Hon	1850			***********			16-1-18			5 .90-		16-15-15,10	
DATE DAM	TRAHO		PRESSURE		CHOKE	HEATER TEMP.	BEPARATOR		STOCK TANK		מועטנו		DATE	ERTIMATEO
	₂ – 8π. DIF.		TUBING	CASING		1	PRESS.	темр.	FT.	łN.	PRODUCTION		SEALSON	MCF
10-1	30	15	}_}_	-	 	 -	<u> </u>	<u> </u>				}		25
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0-15	36	20	Bac	K ON										30
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