KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test			OIIL		(See Înstructi	ions on Rev	erse Side)		1 1201	
✓ Open Flow Deliverabilty					Test Date: 12/14/15			API No. 15 - 007 - 21, 001 - 0000				
Company BEREN CORP			Lease FORREST			ST			1	Veli Number		
County Location BARBER E/2 SE NE			Section 6	s .	,TWP 35S		RNG (E/W) 12W		,	Acres Attributed		
Field				Reservoir CHER	OKEE, MI	SS	Gas Gathering Co ONEOK			ection		
Completion Date 11/1980				,	Plug Back Total Depth 4840		h ,	Pac N		et at		
Casing Size 5 1/2			Weigh 14	•	Internal Diameter		Set at		Perforations 4798		то 4826	
Tubing Size 2 3/8			Weight 4.7		Internal Diameter		Set at 4830		Perforations		То	
Type Completion (D SINGLE			scribe)	,	Type Fluid Production WATER				Pump Unit or Traveling PU		g Plunger? Yes / No YES	
Producing Thru (Annulus / Tubing) ANNULUS			1)	% Carbon Dioxide				% Nitrogen		Gas Gravity - G _g		
Vertical D	epth(H))				Press	sure Taps				(Meter F	Run) (Prover) Size
Pressure	Buildup): Si	hut in	13 2	0_15 at_9:	:00 am	(AM) (PM)	Taken_12	2/14	20	15 at 9:00 A	M(AM) (PM)
Well on L	ine:	S	tarted	24	0 at		(AM) (PM)	Taken		20	at`	(AM) (PM)
ľ			Circle one:			OBSERVE	D SURFACE		1	- 11	Duration of Shut-	n 24 Hours
Static / Dynamic Property	Dynamic Size		Meter Prover Pressu psig (Pm)	Pressure Differential re in Inches H ₂ 0	Flowing Well Head Temperature t t		Casing Wellhead Pressure (P _w) or (P ₁) or (P _c) psig psia		Tubing Wellhead Pressure (P_w) or (P_t) or (P_c) psig psia		Duration (Hours)	Liquid Produced (Barrels)
Shut-In				2			100	рыа	50	paid	24	
Flow												
	<u> </u>		Circle one:		<u> </u>	FLOW STR	EAM ATTRI	BUTES				Flavina
Plate Coeffiecient (F _b) (F _p) Mcfd		A	Meter or er Pressure psia	Press Extension ✓ P _m x h	Gravity Factor F _e		Flowing Deviation Factor For Form For		ictor	Metered Flow R (Mcfd)	W GOR (Cubic Fe Barrel)	Flowing Fluid Gravity G
(P _c) ² =			(P _w) ² =	•	(OPEN FLO	OW) (DELIV	•	CALCUL , - 14.4) +			(P _a) (P _d)	²= 0.207
(P _o) ² - (or (P _o) ² - ((P _c)	P _c) ² - (P _w) ²	Choose formula 1 or 2 1. P _o ² • P _o ² 2. P _o ² - P _o ²			Backpressure Curve Slope = "n"or Assigned		, n x	LOG	Antilog	Open Flow Deliverability Equals R x Antilog
' ' '	*			divided by: P _c ² - P _w		[c		rd Slope				(Mcfd)
							 					·
Open Flo	w			Mcfd @ 14.	65 psia	••	Deliverabi	lity			Mcfd @ 14.65 ps	a
The	undersi	gned	authority, o	n behalf of the	Company,	states that h	e is duly au			•	ort and that he ha	s knowledge of
the facts s	stated th	erein	, and that sa	aid report is true	e and correc	t. Executed	this the _29	oth A	day of _C	December		, 20
			Witness (i	fany)		1/00	_ - - - - - - - - - - - - -	<i>19)</i> TA	utt	For	Company	
			For Comm	ission			WICH!			Che	cked by	
						DEC	2.1 2015	:		3	•	

UEL 3-1 ZUID

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 Beren Corporation 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 Forrest #1
gas well on the grounds that 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: 12/29/15
Signature: MH M Title: Petroleum Engineer DEC 3 1 2015
RECEIVED

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.