## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				G	See Instructi	ions on Re	verse Side	)				
Open Flow Deliverability					Test Date	:		API No. <sup>1</sup> 5 15-033-21327-00-00					
Company Thoroughbred Associates					-		Lease Herd				Well Number		
County Loc Comanche NW-S						TWP 32S			RNG (E/W) 19W		Acres Attributed		ttributed
Field				Reservoir Mississi			Gas Gathering Con		hering Conn	ection			
Completion Date 09-23-02				Plug Back 5790	Total Dept	h , ,	Packer Set a none		Set at	-			
Casing S 5.5	ize		Weigh	t	Internal Diameter 4.950		Set at / 5900		Perforations 4976		то 5178		
Tubing Si 2.375	ize		Weigh 4.7	it	Internal Diameter 1.995		Set at 4965		Perforations		То		
Type Completion (Describe) Tubing					Type Fluid Brine	d Production	<u> </u>	Pump Unit or Travelin PU			g Plunger? Yes / No		
Producing Tubing	g Thru	(Annu	lus / Tubing	g)	% C	arbon Dioxid	ie		% Nitrogen		Gas Gravity - G		
Vertical D	epth(H	)				Press	sure Taps				(Meter F	lun) (Pr	over) Size
Pressure	Buildup	o: Sh	nut in10/	1 2	0_15_at_7		(AM) (PM)	Taken_10	)/2		15 at 7		
Well on L	ine;	St	arted	20			(AM) (PM) Take						AM) (PM)
						OBSERVE	D SURFAC	E DATA			Duration of Shut-	n_24	Hours
Static / Oynamic Property	Dynamic Size		Circle one: Meter Prover Pressu psig (Pm)	Pressure Differential In Inches H <sub>2</sub> 0	Flowing Temperature t	Well Head Temperature t	Wellhead (P <sub>w</sub> ) or (F	Casing fellhead Pressure P <sub>w</sub> or (P <sub>t</sub> ) or (P <sub>a</sub> )		Tubing ad Pressure r (P <sub>t</sub> ) or (P <sub>c</sub> )	Duration (Hours)	Liquid Produced (Barrels)	
Shut-In			F-15 (1-117)				204	рыв	psig	psia	24		
Flow													
_						FLOW STR	EAM ATTE	IBUTES					
Plate Coeffiecient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		M Prove	rcie one: leter or or Pressure psia	Press Extension P <sub>m</sub> xh	Extension Fac		tor Temperature		Deviation Factor F <sub>pv</sub>		w GOR (Cubic Fe Barrel)	 ∌V	Flowing Fluid Gravity G <sub>m</sub>
<u></u>		-											
(P <sub>c</sub> ) <sup>2</sup> =		_:	(P <sub>w</sub> ) <sup>2</sup> =	: <b>:</b>	(OPEN FLO	OW) (DELIV		') CALCUL P <sub>c</sub> - 14.4) +		:	(P <sub>a</sub> );	2 = 0.20 2 =	07
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(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>c</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 <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	Backpressure Curv Slope = "n" or Assigned Standard Slope				Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flo	w	-		Mcfd @ 14.	65 psia		Deliveral	hility	J		Mcfd @ 14.65 psl	a	-
		ancd	authority -	<del></del>		tatan that b		-	o meke 4	no obove res	ort and that he ha		ladaa =f
		_	-	aid report is true			-		_	ebruary	or and that he ha		20 <sup>-</sup> 16 .
						1/00:			[/	KAL			
		-	Witness (	if any)			MICH.			For	Сотрапу		
			For Comm	nission		FEB	17 2018	3		Che	cked by		
			•			RE	CEIVE	D					

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 Thoroughbred Associates
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 Herd #4
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: 2/17/16
FEB 1.7 2016 RECEIVED 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.