KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				- (See Instruct	tions on Re	verse Side)					
= :	en Flo liverat				Test Date	: :				No. 15 033-21205-0	0000			
Company Thoroug		l Ass	ociates				Lease Herd, B	ernice			- -	Well Num	ber	
County Comanche			Locati SW SE		Section 15		TWP 32S		RNG (E/W) 19W		Acres Attributed		tributed	
Field					Reservoir Mississi		-		Gas Ga	thering Conn	ection			
Completion Date 04-04-01					Plug Bac 5250	k Total Dept			Packer Set at none		-			
Casing Size 5.5			Weigh 15.5	it	Internal Diameter 4.950		Set at 5280		Perforations 4968		то 5194			
Tubing Size 2.375			Weigh	ıt	Internal Diameter 1.995		Set at 5200		Perforations		То			
Type Con Tubing	npletic	n (D	escribe)		Type Flui Brine	d Production			DI Î	nit or Traveling	Plunger? Yes	/ No	·	
_	g Thru	(Anı	nulus / Tubin	g)	% C	arbon Dioxí	de		% Nitrog	jen	Gas Gra	avity - G	· · · · · · · · · · · · · · · · · · ·	
Vertical D	Depth(I	H)				Pres	sure Taps	 -			(Meter F	lun) (Pro	ver) Size	
Pressure	Buildi	 .ar:	Shut in 10/	12	0 15 at 7		(PM)	Taken 10)/2		15 at 7		M))(PM)	
Well on Line:							(AM) (PM) Taken							
					<u>-</u>	OBSERVE	D SURFAC	E DATA			Duration of Shut-	in_24	Hours	
Static / Dynamic Property	Dynamic Size		Circle one: Meter Prover Pressi psig (Pm)	Pressure Differential In Inches H ₂ 0	ntial Temperature Temperature		(P _w) or (P _t) or (P _a)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _o)		Duration (Hours)		Liquid Produced (Barrels)	
Shut-In			pulg (r m)	monds H ₂ S			153	psia 	psig	psia	24	-		
Flow														
	,					FLOW STR	REAM ATTE	RIBUTES						
Plate Coeffiecient (F _b) (F _p) Mcfd		Pro	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m x h	Extension Fact		tor Temperature		Deviation Metered File Factor R F _{pv} (Mcfd)		w GOR (Cubic Fe Barrel)	et/	Flowing Fluid Gravity G _m	
		[1	(OPEN FL	OW) (DELIV	'ERABILITY	/) CALCUL	ATIONS		(D.)			
(P _c) ² =		= :	(P _w)² ≃	Choose formula 1 or 2	P _d =			P _c - 14.4) +		:	(P _d);	2 = 0.20	/ 	
(P _e) ² - (I	$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		P _c) ² - (P _w) ²	1. P _c ² -P _s ² 2. P _c ² -P _c ² divided by: P _c ² -P _w	LOG of formula 1. or 2. and divide	P _c ² - P _w ²	Backpressure Cur Stope = *n" or Assigned Standard Stope		n x 106		Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)		
-					ļ <i>-</i>									
Open Flo	w	<u> </u>		Mcfd @ 14	65 psla		Delivera	bility	<u> </u>		Mcfd @ 14.65 psl	L a		
The	unders	siane	d authority, o	n behalf of the	Company, s	states that h	ne is duiv a	uthorized t	o make t	he above repo	ort and that he ha		dae of	
				aid report is true					day of F		<u></u>	, 20	_	
	· <u>-</u> ·		Witness (if any)	—к	CC-MI	CHITA	4	<u> </u>	For	Company	ノ_	 .	
			For Comm	nission		F EB 1 7	2016			Che	ocked by		<u></u>	
					-	RECE	IVED							

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 #3
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 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
bale
Signature
KCC WICHITA Ignature:
FEB 1 7 2016
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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.