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

Type Test					(:	See Instruct	tions on Rev	erse Side	)				
= .	en Flo liverab				Test Date	§ 11, 2015	<b>:</b>			No. 15 033214650	000		
Company		ora	tion, Inc.		1 001441	, 11, 2010	Lease Donna	Marie				Well 2-16	Number
County	•	ora	Location		Section		TWP	IVIAI IC	RNG (E/	W)	<del>11</del>		s Attributed
Coman	che		SE NE	SW	16 Reservoir		338		16W Gas Gat	herina Conne	ection		
Shimer					Mississ	• •			Oneok	ζ			
4/17/06		e 	_		4931'	- Total Dept	th 		Packer S				
Casing Si 4 1/2"	ize		Weigh 10.5#		Internal D	Tameter	Set a 4980		Perfo <b>49</b> 0	rations 9'	To 4:	918'	
Tubing Si. 2 3/8"	ze		Weigh	t	Internal E 8rd	lameter	Set a 4883		Perfo	rations	To	)	
Type Con					Type Flui	d Production				nit or Traveling	Plunger?	Yes / N	lo
			Perforation		Saltwa % C	ier arbon Dioxi	ide		No % Nitrog	en	G	as Gravity	/ - G <sub>a</sub>
Tubing		13				D	Y					Antas Dua	(Draway Cina
Vertical D	eptn(F	1)				Pres	sure Taps				(1)	neter Hun	(Prover) Size
Pressure	Buildu	p: :	Shut in Feb	ruary 11 <sub>2</sub>	0_15_at_8	00	(AM) (PM)	Taken Fe	ebruary	12 20	15 at 8:	00	(AM) (PM)
Well on L	ine:	:	Started	20	0 at		(AM) (PM)	Taken		20	at	<del></del>	(AM) (PM)
						OBSERVE	D SURFACE	DATA			Duration of	Shut-in_	Hours
Static /	Orifi Siz		Circle one: Meter	Pressure Differential	Flowing Temperature	Well Head Temperature	Casi Wellhead I	-	ı	Tubing ad Pressure	Duratio	n L	iquid Produced
Dynamic Property	(inch		Prover Pressu psig (Pm)	re in Inches H <sub>2</sub> 0	t	t	(P <sub>w</sub> ) or (P <sub>l</sub>	) or (P <sub>o</sub> ) psia	(P <sub>w</sub> ) o	r (P <sub>t</sub> ) or (P <sub>c</sub> ) psia	(Hours	)	(Barrels)
Shut-In							770	784.4					
Flow									L				
<u> </u>			Sizele anni	<del></del>		FLOW STE	REAM ATTRI	BUTES			<u> </u>		<del></del>
Plate Coeffied	ient	Per	Circle one: Meter or over Pressure	Press Extension	Gra. Fac	tor	Flowing Temperature Factor		riation actor	Metered Flow		GOR ubic Feet/	Flowing Fluid Gravity
(F <sub>b</sub> ) (F			psia	√ P <sub>m</sub> xh	F <sub>i</sub>	-	Fi	'	Fρv	(Mcfd)		Barrel)	G <sub>m</sub>
(P <sub>g</sub> ) <sup>2</sup> =			(P <sub>w</sub> )² =		(OPEN FL	, ,	/ERABILITY) % (P		.ATIONS - 14.4 =	•		$(P_a)^2 = (P_d)^2 = 0$	0.207
(P <sub>a</sub> ) <sup>2</sup> - (l	D 12		P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2			Backpre	ssure Curve	ı			( 0 -	Open Flow
or (P <sub>c</sub> ) <sup>2</sup> - (I	•	(1	-	2. P <sub>e</sub> <sup>2</sup> -P <sub>d</sub> <sup>2</sup>	formula 1. or 2. and divide			or signed	- nx	LOG	Antilog	g Ed	Deliverability quals R x Antilog
( 6, (	d'			divided by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub>		P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>		ard Slope				-	(Mcfd)
-	•				<u> </u>	<u> </u>			-				
Open Flo				Mcfd @ 14	65 neia		Deliverab	ility			Mcfd @ 14	65 neia	
		inne	d authority o	n behalf of the		states that h			to make ti			•	nowledge of
		_	-	aid report is tru			-		day of		arra triat		, 20 <u></u>
						: WICE		7	7. (	06-			
			Witness (	if any)	FEX	<b>3 0</b> .1 20	J16		<u> </u>	For	Company	-	
			For Comm	nission		ECEIV	-			Che	cked by		

	r penalty of perjury under the laws of the state of Kansas that I am authorized to request							
	r Rule K.A.R. 82-3-304 on behalf of the operator Castelli Exploration, Inc.							
_	ping pressure information and statements contained on this application form are true and							
	of my knowledge and belief based upon available production summaries and lease records							
• •	lation and/or upon type of completion or upon use being made of the gas well herein named.							
	st a one-year exemption from open flow testing for the Donna Marie #2-16							
gas well on the gro	unds that said well:							
(Check d	one)							
· $\square$	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							
<u>~</u>	is not capable of producing at a daily rate in excess of 250 mcf/D							
l 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: January 21,	2016							
<u> </u>								
	Signature: The Care							
	President							
	B 0.1 286							
FE	9 0. t 2000							

## 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.