KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Test | : | | | 6 | See Instruct | tions on Re | verse Side | 9) | | | |
|---|-----------------------------|---|---|--|--------------------------|--|---|------------|--|--------------------------------|--|
| Open Flow | | | Test Date: | | | | ADI | No. 15 | | | |
| ✓ Deliverabilty | | | Test Date: March 20, 2015 | | | | | 3321692000 | 00 | | |
| Company Castelli Exploration, Inc. | | | Lease Gregg | | | | Well Number #2-13 | | | | |
| County Location Comanche NE SE | | | Section 13 | | TWP 33S | | RNG (E/W) 17W | | Acres Attributed | | |
| Field Shimer | | | Reservoir Mississippi | | | | Gas Gathering Connection Oneok | | | | |
| Completion Date 03/12/13 | | Plug Back Total Depth 5203 | | | Packer S | et at | | | | | |
| Casing Si 5.5 | Casing Size Weight 5.5 15.5 | | Internal D | Diameter | Set at 5254 | | Perforations 5041 | | то 5076 | | |
| Tubing Size Weight 2.875 | | | Internal D | Diameter | | Set at 4964 | | rations | То | | |
| Type Completion (Describe) Single Zone Gas Perforations | | | Type Fluid Production Oil/Saltwater | | | | Pump Unit or Traveling Plunger? Yes / No Pumping Unit | | | | |
| Producing Thru (Annulus / Tubing) Annulus | | | % Carbon Dioxide | | | | % Nitrogen | | Gas Gra | Gas Gravity - G | |
| Vertical D | | | | | Pres | sure Taps | | | | (Meter F | Run) (Prover) Size |
| Pressure | Buildup: | Shut in Mai | rch 20 2 | 0_15_at_8 | :00 | (AM) (PM) | Taken_M | arch 21 | | 15 _{at} 8:00 | (AM) (PM) |
| Well on L | | | | 0 at | | (AM) (PM) | Taken | | 20 | at | (AM) (PM) |
| | | | | | OBSERVE | D SURFAC | E DATA | | | Duration of Shut-i | nHours |
| Static / Dynamic Property | Orifice Size (inches | Meter Prover Pressu | 1 | Ftowing Temperature | Well Head Temperature | Cas Wellhead (P _w) or (F | • | Wellhe | ubing ad Pressure (P _I) or (P _c) | Duration (Hours) | Liquid Produced (Barrels) |
| Shut-In | | / psig (Pm) | Inches H ₂ 0 | | · | psig 660 | psia 674.4 | psig | psla | | |
| Flow | | | _ | | | | | | | | |
| | 1 | | | <u> </u> | FLOW STR | LEAM ATTR | IBUTES | | | | <u> </u> |
| Plate | , | Circle one: | Press | Grav | | Flowing | | viation. | Material Clay | y GOR | Flowing |
| Coeffiecient (F _b) (F _p) Mcfd | | Meler or Prover Pressure psia | Extension P _m x h | Fac | tor | Temperature Factor F _{it} | Deviation Factor F _{pv} | | Metered Flov R (Mcfd) | (Cubic Fe | et/ Fluid Gravity G _m |
| | | | _ | | | | | | | | |
| (P _c) ² = | | : (P)²= | ·; | (OPEN FL | OW) (DELIV | | ') CALCUL P _c - 14.4) + | | | (P _a) ¹ | ? = 0.207 ? = |
| | T | | Choose formula 1 or 2 | : | | <u> </u> | ssure Curve | i | <u></u> | - 4 | Open Flow |
| (P _c) ² - (I | - 1 | (P _c) ² - (P _w) ² | P_c² - P_a² P_c² - P_d² divided by: P_c² - P_d² | LOG of formula 1. or 2. and divide by: | P.2 - P.2 | As | pe = "n" - or ssigned lard Slope | _ nx | LOG | Antilog | Deliverability Equals R x Antilog (Mcfd) |
| | | | | | | | _ | | | - | |
| Open Flo |)w | | Mcfd @ 14 | .65 psia | | Deliveral | ollity | | | Mcfd @ 14.65 psi | <u> </u> a |
| | | ned authority o | | | states that h | | | to make th | | ort and that he ha | |
| | • | erein, and that s | | | | - | | day of | • | | , 20 16 |
| | | Witness (| if any) | • | KEE | MCS | TAT | h_ () |) (a= | Company | |
| | | For Comm | · · · · · · · · · · · · · · · · · · · | | िनि | 0 i 20i | ? | | Che | cked by | |
| | | . 5. 551111 | | | | CEI/ | | ~ ~ | _ | • | |
| | | | | | , C.E. | 40.4 | · / | 1 (| \sim | | |

| I declare und | der penalty of perjury under the laws of the state of Kansas that I am authorized to request | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| exempt status un | der Rule K.A.R. 82-3-304 on behalf of the operator | | | | | | | | |
| and that the fore | going pressure information and statements contained on this application form are true and | | | | | | | | |
| correct to the bes | st of my knowledge and belief based upon available production summaries and lease records | | | | | | | | |
| of equipment inst | allation and/or upon type of completion or upon use being made of the gas well herein named. | | | | | | | | |
| l hereby requ | lest a one-year exemption from open flow testing for the Gregg #2-13 | | | | | | | | |
| | rounds that said well: | | | | | | | | |
| (Chan | k ana) | | | | | | | | |
| (Check | 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 | | | | | | | | |
| _ | | | | | | | | | |
| I further agre | ee to supply to the best of my ability any and all supporting documents deemed by Commission | | | | | | | | |
| staff as necessa | ry to corroborate this claim for exemption from testing. | | | | | | | | |
| | | | | | | | | | |
| Date: January 2 | 1, 2016 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Signature: | | | | | | | | |
| | KCC WICHTA Title: President | | | | | | | | |
| | FEB 0 1 2016 | | | | | | | | |
| | 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.