KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Test | i: | | | | (| See Instruc | uons on Re | verse Side | " | | | | | |
|-------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|-----------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------|-----------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
| = ' | en Flow liverabili | | | | Test Date 7/8/15 | ə: | | | | lo. 15 25-10130-0 | 0001 | | | |
| Company Sandridge Expl & Prod LLC | | | | 1,6,10 | | | Lease Theis W | | | 1-2 | Well Number | | | |
| County Location Clarke SE NW | | | Section 2 | | | TWP 35S | | RNG (E/W 25W | /) | | Acres Attributed | | | |
| Field McKinney | | | | Reservoir Chester | | | Gas Gathering Conne DCP Midstream | | | ection | / | íco | | |
| Completion Date 2/10/1977 | | | | Plug Back Total Depth 5881 | | | n Packer | | t at | | | CC M | | |
| Casing Si 4.5 | Casing Size Weigh 4.5 11.6 | | Internal Diamete 4 | | Diameter | Set at 5937 | | Perforations 5712 | | то 583 4 | то 5834 | | | |
| v | | | Weight 4.7 | <u> </u> | Internal E 1.995 | Internal Diameter 1.995 | | Set at 5711 | | Perforations | | SECENTIAL SECULAR SECU | | |
| Type Completion (Describe) Single | | | | Type Flui oil-Wa | d Productio ter | n | Pump Unit or Traveling I | | | Plunger? Yes / No | | | | |
| Producing Casing | Thru (| Ann | ulus / Tubing) |) | % C | arbon Diox | ide | | % Nitroge | n | Gas (| Gravity - | G _g | |
| Vertical Depth(H) 6165 | | | | Pressure Taps Pipe | | | | | | (Mete 3.68 | | rover) Size | | |
| Pressure Buildup: | | : \$ | Shut in | | 20.15 at 10AM | | | | /8 | | 15 at 3PM | at 3PM (AM) | | |
| Well on L | ine: | \$ | Started | 2 | 0 at | | . (AM) (PM) | Taken | | 20 | at | | (AM) (PM) | |
| <u> </u> | | | | | | OBSERVE | D SURFAC | E DATA | | | Duration of Shu | _{ut-in} 24 | Hours | |
| Static / Dynamic Property | Dynamic Size | | Circle one: Meter Prover Pressur psig (Pm) | Pressure Differential e in Inches H ₂ 0 | Flowing Well Head Temperature t | | Wellhead Pressure (P_w) or (P_t) or (P_c) | | Tubing Wellhead Pressure (P _w) or (P ₁) or (P _a) | | Duration (Hours) | | id Produced (Barrels) | |
| Shut-In | Shut-In | | poig (i iii) | Inches 1120 | | | 95ig 350 | psia | psig 80 | psia | 24 | | | |
| Flow | | | | | | | | _ | | | | | | |
| | | | | | | FLOW STE | REAM ATTR | IBUTES | | | - | | | |
| Plate Coeffiecient (F _b) (F _p) Mcfd | | Circle one: Meter or Prover Pressure psia | | Press Extension P _m xh | Grav Fac F | tor | Flowing Temperature Factor F _{II} | | iation ctor | Metered Flow R (Mcfd) | y GOI (Cubic I Barre | Feet/ | Flowing Fluid Gravity G _m | |
| | | | | | | | | | | | | | | |
| (P _c)² = | | : | (P _w) ² =_ | : | (OPEN FL | | /ERABILITY % (F |) CALCUL 2 _c - 14.4) + | | : | | $\binom{1}{a}^2 = 0.2$ | 207 | |
| $(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$ | | (P _e) ² - (P _w) ² | | thoose formula 1 or 2 1. $P_c^2 - P_a^2$ 2. $P_c^2 - P_d^2$ ivided by: $P_c^2 - P_w^2$ | LOG of formula 1, or 2, and divide p 2 p | | Backpressure Cu Slope = "n" | | n x LOG | | Antilog | De | pen Flow liverability s R x Antilog (Mcfd) | |
| | | | - | | | | 1 | | | | | | | |
| Open Flo | w | | | Mcfd @ 14. | 65 psia | | Deliverat | oility | | | Mcfd @ 14.65 p | sia | | |
| The (| undersig | nec | d authority, on | behalf of the | Company, s | states that I | ne is duly at | uthorized t | o make the | above repo | rt and that he | has knov | vledge of | |
| the facts s | tated the | erei | n, and that sai | d report is true | e and correc | t. Executed | this the <u>1</u> | | day of feb | oruary | | | 20 16 . | |
| | _ | | Witness (If | any) | | | - | _/ | 19 | For | Company | <u> _</u> | | |
| | | | For Commis | ssion | | | - | | • | Che | cked by | | | |
| | | | | • | | | | | | | - | | | |

| exempt status under F and that the foregoing correct to the best of n of equipment installati | enalty of perjury under the laws of the state of Kansas that I am authorized to request Rule K.A.R. 82-3-304 on behalf of the operator Sandridge Energy g pressure information and statements contained on this application form are true and my knowledge and belief based upon available production summaries and lease records ion and/or upon type of completion or upon use being made of the gas well herein named. a one-year exemption from open flow testing for the Theis W 1-2 |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| is a | e coalbed methane producer cycled on plunger lift due to water a source of natural gas for injection into an oil reservoir undergoing ER on vacuum at the present time; KCC approval Docket No not capable of producing at a daily rate in excess of 250 mcf/D |
| _ | supply to the best of my ability any and all supporting documents deemed by Commission corroborate this claim for exemption from testing. |
| Date: 2/1/2016 | |
| | Signature: Title: Production Engineer |

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.