Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Company B Exploi County Barton Field Medicine Completion	Lodge Date	Locat er	ion	Test Date 4/26/20		Lease I onker			No. 15 007-23113-	0000	Well Nur		
Company B Exploi Sarton Field Medicine Completion 2/20/2007	Lodge Date	Locat er	ion	Section	18			15-	007-23113-		Well Nur		
County Sarton D Field Medicine Completion 2/20/2007	Lodge Date	Locat er	ion		_	Lonker						11061	
Field Medicine Completion 2/20/2007	Lodge Date 7				Saction		Lonker 36			#1	#1 Acres Attributed		
Medicine Completion 2/20/2007	Date	-Boggs		36		32	32 13\						
2/20/2007	7		Field Medicine Lodge-Boggs				Gas Gathering Con		one Conne	ction			
Casing Size	е	Completion Date 2/20/2007			Plug Back Total Depth 3889		Packer Set at None						
4.5			Internal Diameter		Set at 3935		Perfo	rations	то 3864	то 3864			
Tubing Size Weight 2.375			Internal Diameter		Set at 3830		Perforations		То	То			
Type Completion (Describe)			Type Flui	d Production		<u> </u>		nit or Traveling					
Producing Thru (Annulus / Tubing)					arbon Dioxi	de	% Nitrogen			Gas Gravity - G _g			
Annulus Vertical Depth(H)			,	Pressure Taps						(Meter Run) (Prover) Size			
Pressure B	Buildup:	Shut in 4/2	5/2018 20	4:	30	(AM) (PM)	Taken_4/2	26/2018	3 20	at_4:30	(AM) (PM)	
Well on Line:		Started) at		(AM) (PM)	Taken		20	at	(AM) (PM)	
_		_		<u>.</u>	OBSERVE	D SURFACE	DATA	•		Duration of Shut	-in 24	Hou	
Static / Dynamic Property	Orifice, Size (inches)	Circle one: Meter Prover Press		Temperature Temperatur		Casing Wellhead Pressure (P_w) or (P_t) or (P_c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)				l Produced larrels)	
Shut-In		psig (Pm)	Inches H ₂ 0	· ·	<u> </u>	psig 85	psia	psig	psia		-		
Flow							<u>-</u> .		1				
l.					FLOW STR	EAM ATTRI	BUTES	[<u></u> .		<u> </u>			
Plate Coefficcient (F _b) (F _p) Mofd		Circle one: Meter or Prover Pressure psia Press Extension P _m xh		Gravity Factor F ₀		Flowing Femperature Factor F ₁₁	ature Factor ·		Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m	
	ľ	· · · · · · · · · · · · · · · · · · ·	<u> </u>	(OPEN FLO	OW) (DELIV	ERABILITY)	CALCUL	ATIONS		· (P) ² = 0.20	7	
(P _c) ² =	:	(P _w) ² =	Choose formula 1 or 2:	P _d =	9	% (P	<u>- 14.4) +</u>	14.4 =	:)2 =		
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P _c) ² - (P _w) ²	1. P _c ² -P _a ² 2. P _c ² -P _d ² divided by: P _c ² -P _w ²	1. P _c ² -P _a ² LOG of formula 2. P _c ² -P _d ² 1. or 2.		Backpressure Curve Slope = "n" Assigned Standard Slope		n x LOG		Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)		
	-								_				
Open Flow			Mcfd @ 14.6	5 psia		Deliverabi	lity	<u> </u>		//cfd @ 14.65 ps	ia		
The un	dersigne	ed authority, o	n behalf of the	Company, s	tates that h	e is duly au	thorized to	make th	ne above repor	t and that he h	as knowl	edge of	
ne facts stat	ted there	ein, and that sa	aid report is true		Executed Receive	d	oth	ay of A	prii	 -	, 2	0 18	
·	<u> </u>	Witness (if any)			2 018 ⁻	y un	SI/V	For Co	ompany			
		For Comm	nission		SERVATION D WICHITA, K	NVISION			Check	ced by			

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 LB Exploration, Inc.
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 Lonker 36-1 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.
Received KANSAS CORPORATION COMMISSION MAY 0 1 2018 Title: President CONSERVATION DIVISION WICHITA, KS

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.