**RECEIVED** 

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

Type Test:				(	See Instruct	ions on Reve	erse Side)	)				
Delivershiller				Test Date	•				No. 15 07-22228-0	n-nn <sup>'</sup>		
Company					· · · · · · · · · · · · · · · · · · ·	Lease			01-22220-0		Well Number	
WOOLSEY OPERATING COMPANY, LLC County Location			Section TWP			<b>X</b>	RNG (E/\	V)	C-1 Acres Attributed			
BARBER NW			5		348		13W					
Field AETNA			Reservoir MISSISSIPPIAN				Gas Gath	ering Conne	ection			
Completion Date 7-16-87				Plug Bac 5041	Plug Back Total Depth 5041			Packer Set at NONE				
Casing Size Weight 4.500 10.50			Internal E 4.052	Diameter	Set at 5050		Perforations 4872		то 4972	To 4972		
Tubing Size Weight 2.375 4.70			Internal D	Diameter	Set at 5007		Perforations OPEN		То			
Type Completion (Describe)			Type Flui	d Production			Pump Unit or Trav		Plunger? Yes	/ No		
SINGLE Producing Thru (Annulus / Tubing)					WATER % Carbon Dioxide			PUMPING % Nitrogen			Gas Gravity - G	
ANNULUS												
/ertical D 1922	epth(H)			•	Pres	sure Taps				(Meter	Run) (Prover) Size	
Pressure Buildup: Shut in20			0_ <u>13</u> _at		(AM) (PM) 1	(AM) (PM) Taken 07/08		20	13 at	(AM) (PM)		
Well on Li				) at		(AM) (PM) 1	Taken		20	at	(AM) (PM)	
					OBSERVE	D SURFACE	DATA			Duration of Shut	t-in Hours	
Static / Dynamic Property	Orifice Size (inches)	Circle one:  Meter Prover Pressure in		Flowing Well Head Temperature t t		Casing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In		psig (Pm)	Inches H <sub>2</sub> 0			psig 64	psia	psig 0	psia	24		
Flow						17		0				
					FLOW STR	EAM ATTRIE	BUTES					
Plate Coeffieci (F <sub>b</sub> ) (F <sub>b</sub> Mcfd	ent p) Pro	Circle one:  Meter or  Prover Pressure  psia  Press  Extension  ✓ P <sub>m</sub> x h		Gravity Factor F <sub>g</sub>		Flowing Deviation Factor F <sub>11</sub>		ctor	Metered Flow R (Mcfd)	GOR (Cubic F Barrel	eet/ Fluid	
o,)2 =	:	(P <sub>w</sub> ) <sup>2</sup> =		(OPEN FLO	, ,	ERABILITY) % (P¸	CALCUL - 14.4) +		•		) <sup>2</sup> = 0.207 ) <sup>2</sup> =	
(P <sub>c</sub> ) <sup>2</sup> - (F	P <sub>a</sub> ) <sup>2</sup> (	P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2:  1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	Backpress Slope Assi	sure Curve e = "n" or gned d Slope	nxL	og [	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
									-			
			-									
Open Flow Mcfd @ 14.65 psia					Deliverability Mcfd @ 14.65 psia					sia		
	-	· ·				•			•	rt and that he h	as knowledge of	
ne facts si	tated there	ein, and that sa	aid report is true	and correc	t. Executed			day of Al	- II (1)	2	, <sub>20</sub> <u>13</u>	
		Witness (i	if any)			_	Who		Yalla For C	ompany	KCC WICH	
		For Comm	niesion							ked by	NOV 2 6 20	

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 WOOLSEY OPERATING CO., LLC 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 HENDRIX C-1
gas well on the grounds that said well:
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.
Signature: Win R Hallaus C.  Title: FIELD MGR.

## 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.