KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

RECIVED

| Type Test | !: | ONI | E POINT S | | | ctions on Re | |) | | | M. | AR 0 7 2 00 | |
|---|----------------|---|-----------------------------------|-------------------------------|--|----------------------------|--------------------------|--|-------------------|----------------|------------------|--|--|
| _ | en Flow | | | To at Date | | | | API | No. 15 かみろ | -20038 | \ODG | 0 | |
| Deliverabilty | | | | lest Date | Test Date: | | | API No. 15 003-20008 | | | KCC WICHI | | |
| Company | | | | | | Lease | _ | | 4 | 2 | Well Nu | umber | |
| | | uction | Inc. | | | | alz | DNC /5 | 1 | | Acres A | Attributed | |
| County Location | | | Section | | TWP | TWP 5S | | RNG (E/W) 42W | | | | | |
| Cheye | enne | C N | E/4 | 3 Reservoi | | | | | thering Connec | tion | | | |
| Field Benkelman | | | | | br <u>ara</u> | • | | Lobo Production, Inc | | | Inc. | | |
| Benke Completic | | <u> </u> | | | k Total Dep | | | Packer | Set at | | | | |
| • | 30/76 | • | • | | | | <u></u> | | | То | | | |
| Casing Size Weight | | | Internal Diameter | | Set a | Set at | | Perforations | | | | | |
| 4.5 | | | Internal Diameter | | Set : | Set at | | <u>1285</u> Perforations | | To | | | |
| Tubing Si | Z O | Weig | ht | Internal L | Jiamelei | 501.6 | •• | | | | | | |
| fune Com | nletion (| Describe) | | Type Flui | id Production | | | Pump U | nit or Traveling | Plunger? Yes | 7 19% | | |
| • • | | | | ••• | | | | | | | Gravity - (| 2 | |
| Single Gas Producing Thru (Annulus / Tubing) | | | | % Carbon Dioxide | | | | % Nitrog | jen | Gas | aravity • (| ٠, | |
| | | | | | | | | | | /Mete | r Run) (P | rover) Size | |
| Vertical Depth(H) | | | | Pressure Taps | | | | | | 2" Me | | | |
| | | | | | | | | | | | | | |
| Pressure | Buildup: | Shut in | 215 | 90 <u>3 at 8</u> | :00 | _ (AM)(PM) | Taken | 2/6 | . 19 | 113 at _0 = 1 | <u> </u> | (AM) (PM) | |
| | - | Ctortor | 1 | a at | | _ (AM) (PM) | Taken | | 19 | at | | (AM) (PM) | |
| Well on Li | ne: | Started | | | | | | | | | | | |
| | ······ | | - | | OBSERV | ED SURFAC | E DATA | | | Duration of Sh | ut-in | Hours | |
| | | Circle one: Pressure | | | Flowing Well Head | | Casing | | Tubing | Duration | Liqu | Liquid Produced (Barrels) | |
| Static / Orifi Dynamic Siz | | Meter of Differential | | , | 1 | i Walingad Pressure | | Wellhead Pressure (P _w) or (P _t) or (P _c) | | (Hours) | , , | | |
| roperty | inches | Prover Press | ture in (h) | t | t | psig psia | | psig | psia | | | | |
| | | + | | | | 106 | | | | | | | |
| Shut-In | | | | | | 100 | | | _ | | | | |
| Flow | | | | | | <u> </u> | <u> </u> | | | | ! | | |
| | | | | | FLOW ST | REAM ATTR | IBUTES | | | | | | |
| Plate | | Circle one: | Press | Gra | vitv | Flowing | Dev | iation | Metered Flow | | | Flowing Fluid | |
| Coeffieci | ent | Meter or. | Extension | Fac | tor | T | | ctor | R (Madd) | (Cubic Barr | | Gravity | |
| (F _b) (F _i Mcid | , . | Prover Pressure psia | √ P _m x H _a | F | • | | | (Mcfd) | | | | G _m | |
| INCIO | | | | | | | | | | | | | |
| | | | <u> </u> | L | | | | | l | | | | |
| | | | | (OPEN FL | OW) (DELI | VERABILITY | | | | | $(2)^2 = 0.2$ | 207 | |
|)² = | ; | (P _w) ² | =: | P _d = | | % (| P _c - 14.4) + | 14.4 = _ | : | |) ² = | | |
| | | | Choose formula 1 or 2 | LOG of | $\overline{\Gamma}$ \neg | | ssure Curve | | [7] | • | | pen Flow liverability | |
| (P _e) ² - (P _a) ² | | $(P_c)^2 \cdot (P_w)^2$ 1. P_c^2 | | tormula | | Slope = "n" | | n x LOG | | Antilon I | | Is R x Antilog | |
| or (P _c) ² - (F | 2)2 | 2. P _c ² -P _d ² | | 1. or 2. and divide P2. P2 | | Assigned Standard Slope | | | | | | Mcfd | |
| | | | divided by: Pc P | by: | الله الله | | | | | | | | |
| | | | | <u> </u> | | | | | | | | | |
| | | | | | | 1 | | | | | | | |
| | | | | | | Deliverability | | | Mcfd @ 14.65 psia | | | | |
| pen Flov | | | Mcfd @ 14.6 | | | | | | | | | of the feets | |
| . The u | ındersign | ed authority, o | n behalf of the C | ompany, sta | ites that he | | | 3.5 | pove report and | that he has kn | owledge (| of the facts | |
| ated ther | ein, and t | hat said repor | t is true and corr | ect. Execut | ed this the . | 4th | day o | 1 <u>171 a</u> ^ | | | | , | |
| | | | | • | | | | ash | n Sai | des- | | | |
| | | Witness | (if any) | | | • | | 7 | For | Company | | *** | |
| | | | | | | | | | Ch | cked by | | | |
| | | | | | | | | | Chec | adu Dy | | | |

For Commission

| I declare under penalty or 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 Lobo Production, Inc. and that the foregoing information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon gas production records and records of equipment installation and/or of type completion or upon use of the gas well herein named. I hereby request a permanent exemption from open flow testing for the Walz 1-3 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. X is incapable of producing at a daily rate in excess of 150 mcf/D 250 |
| Signature: <u>John Sandus</u> Title: <u>Owner/Operator</u> |

Instructions:

All active gas wells must have at least an original G-2 form on file with the conservation division. If a gas well meets 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 obtain a testing exemption.

At some point during the succeeding calendar year, wellhead shut-in pressure shall be 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.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than thirty (30) days after the taking of the pressure reading. The form must be signed and dated on the front side as though it was a verified report of test results.