

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 Rosewood Resources, 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 Zimbelman 1-18 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.

Date: 11-27-2006

Signature: 
Title: Production Foreman

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.

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Monthly Gauge Sheet

SI

Well Name: Zimbelman 1-18

Pumper: _____

Month 9/06

Day	Static	Diff	MCF	Wtr	TP	CP	SPM Cycle	Remarks
1	142		38			129		
2	105		39			92		
3	62		39			49		
4	58		39			45		
5	56		38			43		
6	56		38			43		
7	56		37			43		
8	56		37			43		
9	56		37			43		
10	58		37			45		
11	58		37			45		
12	56		37			43		
13	58		37			45		
14	58		39			45		
15	58		37			45		
16	58		37			45		
17	56		37			43		
18	56		37			43		
19	56		37			43		
20	55		36			42		SI 8:30 44 CP
21	0		0			0		opened 8:40 200 CP
22	64		60			51		
23	58		39			45		
24	124		32			111		
25	72		43			59		
26	63		40			50		
27	55		38			42		
28	60		37			47		
29	62		38			49		
30	62		38			49		
31								

Totals

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Monthly Gauge Sheet

Well Name: Zimbelman H-18

Pumper: _____

Month 8/06

Day	Static	Diff	MCF	Wtr	TP	CP	SPM Cycle	Remarks
1	57		39			44		
2	57		39			44		
3	57		39			44		
4	57		39			44		
5	57		39			44		
6	57		39			44		
7	59		39			46		
8	59		39			46		
9	57		39			44		
10	57		39			44		
11	57		39			44		
12	58		39			45		
13	58		39			45		
14	58		39			45		
15	57		39			44		
16	57		39			44		
17	58		39			45		
18	57		39			44		
19	57		39			44		
20	57		29			44		
21	57		39			44		
22	85		38			72		
23	72		38			59		
24	58		38			45		
25	57		38			44		
26	57		38			44		
27	57		38			44		
28	57		39			44		
29	58		39			45		
30	57		39			44		
31	57		38			44		43 at well
Totals								

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