KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:		/-	(See Ins	structio	ons on Re	everse Sid	de)					
	oen Flow	区241	ne DL	Test Date	a·				ΔI	Pl No. 15				
De	eliverabil	ty		11-18-2					15	5-023-20590	-00-	00		
Compan Rosewo		ources					Lease Isemha	agen				2-22	Well Nu	mber
County Location Cheyenne NWSE			Section 22			TWP 3S	- ,			Acres Attributed				
Field St. Fran	cis			Reservoir Niobrara						athering Conr			~	
Completi 9/10/200				Plug Bac 1400'	k Total I	Depth	1		Packer	Set at				
Casing Size Weight 10.5#			Internal Diameter 4.052			Set at 1411'			Perforations 1261'			то 1297'		
Tubing S	ubing Size Weight			Internal Diameter Set at				Perforations To						
		(Describe)		Type Flui Dry Ga		iction			Pump (Jnit or Traveling	g Plunge	er? Yes	/ No	
-	g Thru (Annulus / Tubin	ıg)		arbon [Dioxide	e		% Nitro			Gas Gr	avity - G	9
Vertical D	_					Pressu	ure Taps						Run) (Pr	over) Size
	Buildup	Shut in12-	-9 2	05 at 3				Taken 1	2-10	20	05 at		(AM) (PM)
Well on L	ine:	Started 12-		05 at 3		(AM) (PM)	Taken 1	2-18		<u>05</u> at		•	AM)(PM)
					OBSE	RVED	SURFAC	E DATA			Duratio	n of Shut-	in _24	Hours
Static / Dynamic Property	Orlfice Size (inches) Circle one: Meter Differential in psig (Pm) Inches H,0		Flowing Well Head Temperature t t			(P _w) or (P _t) or (P _c)		(P _w)	Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration Li		l Produced sarrels)	
Shut-In		poig (i iii)	monos ri ₂ o				psig 48	62.6	psig	psia				
Flow							49	63.6			24		0	
	1	···	Τ		FLOW	STRE	AM ATTE	RIBUTES						
Plate Coeffiec (F _b) (F Mcfd	ient	Circle one: Meter or Prover Pressure psia	Press Extension P _m xh	Grav Fact F _g	or	Ter	Flowing mperature Factor F ₁₁	F	viation actor F _{pv}	Metered Flor R (Mcfd)	w	GOR (Cubic Fe Barrel)	et/	Flowing Fluid Gravity G _m
										5				
P _o)² =		: (P _w) ² =	:	(OPEN FLO		LIVE: %		') CALCU ! P _c - 14.4) -				(P _a) [;]	2 = 0.20 2 =)7
(P _c) ² - (F		(P _c) ² - (P _w) ²	Choose formula 1 or 2: 1. P _c ² - P _s ² 2. P _c ² - P _c ² divided by: P _c ² - P _w ²	LOG of formula 1. or 2. and divide by:	P _c ² - P _w	2	Sio As	essure Curv pe = "n" - or ssigned lard Slope	l n v	rod	Ar	ntilog	Ope Defia Equals	erability Antilog
													KC	CWII
Open Flor	w	<u>-</u> -	Mcfd @ 14.6	35 psia		1.	Deliverat	oility			Mcfd @	14.65 psi	a	
			n behalf of the							December	ort and t	hat he ha	s knowle	edge of
							_							
		For Comm	nission							Che	cked by			

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	
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	·
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	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.
	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:	

in

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.

Well Name: TSUrhhagen 2-22

Pum	per:				· .	_	Month	12/05
- 3.							SPM	
Day	Static	Diff	MCF	Wtr	TP	CP	Cycle	Remarks
1	55		5			42		
2	SI		5			38		
3	48		4			33		
4	47		4			34		
5	.48		4			3\$		
6	47		4			34		
7	45		4			32		
8	45		5			32		
9	95		5			32		:
10	45		5			32		
11	45		<u>5</u> 5			32		
12	43		5			30	*************************************	
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21	48		4			35		
22	49		4		· · · · · · · · · · · · · · · · · · ·	36		
23	48		4		·	35	•	RECEIVED
24	49		4			36		
25	49		4			36	······································	DEC 3 0 2005
26	44		4			36		KCCWICHITA
27	.419		4			36		
28								
29								
30								
31								
-	1	Totals				<u> </u>	·	

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t.lonthl	y Gauge Sheet				
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2	5		50	Ø	
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4	3		50	· · · · · · · · · · · · · · · · · · ·	
5	3		50		
6	5		50		
7	5		30	-	
8	5		///		(05hps.
9	4		57		Shirt in well @3'33PM@ 48 psig
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12	6		60		
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22	5		48		
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	Monthly	Gauge Sheet			 		
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