KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Te	st:		2° 2° 40.			(See Instru	ıctions on Rev	erse Side	9)					
	pen F			5.6 5001	Test Dat	θ:			AP	1 No. 15-02	3.2009	15-0	000	
	elivera	bilty	KUC	WICHITA							·			
Compan	ıy ´	Lobo	Proc	duction,	Inc		Lease Adam:	s - 19	eAte	<u>-</u>	1-2	Well Nu	mber	
County			Locatio		Section		TWP		RNG (I		•	Acres A	ttributed	
Cheye Field	nne		SW-	<u>SE</u>	20 Reservoi	·	48		41 Gas Ga	W thering Connec	tion			
nkel	man			. • •	Niobr				Gus Gu	KN			•	
Complet				;	_	k Total Dep	th	· - · · - · · · · · · · · · · · · · · ·	Packer	Set at				
12/2 Casing S		0	Weight	· 	13 Internal (50 ¹	Set at		Peri	orations	То			
4.5		-	.5#	iiiioiiiai t			1310'		216'	1251'				
	ubing Size Weight			Internal Diameter		Set at	Set at		orations	То	· · · · · · · · · · · · · · · · · · ·			
Type Con	-	on (Descril	De)		Type Flui	id Productio	'n		Pump U	nit or Traveling	Plunger? Yes	/) %		
		(Annulus	/ Tubing)		% Carbo	n Dioxide		·	% Nitro	jen .	Gas Gr	avity - G	i _e	
Martinal F	D 41-11	110				0	7					600	\ Ci	
Vertical [Deptn(H)				Press	sure Taps						over) Size cer_Ru	
Brookers	المائد بالأم	.a. Cht	. 12	/3/01 40	8	• 0 0	(N) (BM)	Faken 1	2/1/)1 40	at _8:00		AM) (PM)	
							_							
Well on L	_ine: 	Starte	ed	19	at		_ (AM) (PM) ¹	Taken		19	at	(AM) (PM)	
						OBSERVI	ED SURFACE	DATA			Duration of Shut-	in	Hour	
Static /	Static / Orifice		Circle one: Meter or	1 1030010		Flowing Well Head		Casing Wellboad Brossure		Tubing	Duration	Liquis	Liquid Produced	
Dynamic Size		er Pressure in (h)		Temperature Temperature		Wellhead Pressure (P _w) or (P _t) or (P _c)		Wellhead Pressure (P _w) or (P _t) or (P _c)		(Hours)	· · · · ·	(Barrels)		
			psig	Inches H ₂ 0			psig	psia psig		psia				
Shut-In					•		109				· · · · · · · · · · · · · · · · · · ·		_•	
Flow	<u> </u>			<u> </u>					<u> </u>					
						FLOW ST	REAM ATTRIE	UTES						
Plate Coefficient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension √P _m x H _w	Extension Fact		Flowing Temperature Factor F ₁₁	Fa	ation ctor	Metered Flow R (Mcfd)	GOR (Cubic Fe Barrel)	et/	Flowing Fluid Gravity G _m	
								<u> </u>		<u> </u>				
P _c)² =			(P _w) ² =_				/ERABILITY) (P.				(P _a) ² (P _a) ²	= 0.20)7	
		- ·	a	hoose formula 1 or 2:	P _d = .		Backpress	- 14.4) +	 		. (' d/			
(P _c) ² - (F or (P _c) ² - (F	- 1	(P _c) ² • (I		1. P _c ² · P _s ² 2. P _c ² · P _s ² vided by: P _c ² · P _s ²	LOG of formula 1. or 2. and divide by:	P _c ² · P _u ²	Slope o Assig Standar	= "n" r gned	лх	LOG	Antilog	Deliv Equals	en Flow verability R x Antilog Mcfd	
												-		
Open Flow Mcfd @ 14.65 psia						Deliverability Mcfd @ 14.65 psia								
				ehalf of the Co			s duly authoriz	ed to mal	·	ove report and to	hat he has know Length	-	the facts	
			Witness (if a	iny)	- ,			1		For Co	mpany			
			For Commis	sion			_			Checke	ed by			

exempt status und and that the foreg the best of my kno tion and/or of type I hereby reque	er Rule K.A.R. 82-3-304 on beloing information and statemen	nalf of the operator Lob nts contained on this applic n gas production records a e gas well herein named.	cation form are true and correct to and records of equipment installa-
(Check	is a coalbed methane product is cycled on plunger lift due to is a source of natural gas for is on vacuum at the present is incapable of producing at a	injection into an oil reserve ime; KCC approval Docket daily rate in excess of 150	t No

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.