KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	st:			(See Instruc	tions on Rev	erse Side	e)				
Op	pen Flov	,										
✓ Deliverabilty			Test Date: 07/06/09					API No. 15 181-20283-00-00				
Company		DUCTION, IN	C.			Lease SCHIE	LDS				Well Number	
County Location SHERMAN C SE/4			Section 32		TWP RNG (E/W) 7S 39W			Acres Attributed				
Field GOODLAND GAS FIELD			Reservoi NIOBF		Gas Gathering Conn LOBO PRODUC							
Completi 6/22/90		;		Plug Bac 1087'	k Total Dept	th		Packer	······································			
Casing Size Weight 4.5		t	Internal Diameter		Set at 1097'		Perforations 1000'		To 1034'			
Tubing S	Size	Weigh	t	Internal (Diameter	Set a	t	Perfo	rations	То		
Type Cor SINGLE		(Describe)		Type Flui	d Production	n		Pump U	nit or Traveling	g Plunger? Yes	/ No	
Producing Thru (Annulus / Tubing)			<u>))</u>	% Carbon Dioxide				% Nitrog	jen	Gas Gravity - G _g		
Vertical D	Depth(H)			Pres	sure Taps				(Meter	Run) (Prover) Size ETER RUN	
Pressure	Buildup	: Shut in	06 2	09 at 1	0:10	(PM)	Taken_07	7/07	20	09 _{at} 10:45	(AM)(PM)	
Well on L	Line:	Started	2	0 at		_			20	at	(AM) (PM)	
			,	,	OBSERVE	D SURFACE	DATA			Duration of Shut	-in_24.58 Hour	
Static /	Orific	Circle one:	Pressure	Flowing	Well Head	Casi			Tubing	Duration of Gridt		
Dynamic Siz Property (inch		Meter Differential		Temperature Temperatur		Wellhead Pressure (P _w) or (P _t) or (P _c) psig psia		II.	ead Pressure r (P,) or (P,)	Duration (Hours)	Liquid Produced (Barrels)	
								psig	psia	(******)	(=====,	
Shut-In						21						
Flow	<u> </u>			<u> </u>			s				<u> </u>	
					FLOW STR	EAM ATTRI	BUTES					
Plate	. 1	Circle one:	Press	Grav	vity	Flowing	Dev	iation	Metered Flo	w GOR	Flowing	
Coeffiecient (F _b) (F _p)		Meter or Prover Pressure	Extension	Factor		Temperature Factor	1	ctor	R	(Cubic Fe	Gravity	
Mcfd Mcfd		psia	✓ P _m xh	F _g		F ₁₁		pv (Mcfd)		Barrei)	G _m	
<u> </u>												
				(OPEN FL	OW) (DELIV	ERABILITY)	CALCUL	ATIONS		(P_)) ² = 0.207	
(P _c) ² =			<u> </u>	P _d =		% (P	_c - 14.4) +	14.4 = _	<u> </u>)2 =	
(P _c) ² - (-	(P _c) ² - (P _w) ²	Choose formula 1 or 2	LOG of formula		Slop	sure Curve e = "n" or	l n x	LOG	Antilog	Open Flow Deliverability	
(P _c) ² - ((P _d) ²		2. P _c ² - P _d ² divided by: P _c ² - P _w	1. or 2. and divide by:	P _c ² - P _w ²	Ass	signed ard Slope			, without	Equals R x Antilog (Mcfd)	
Open Flo	ow	L	Mcfd @ 14.	.65 psia		Deliverabi	lity		· · · · · · · · · · · · · · · · · · ·	Mcfd @ 14.65 ps	ia	
		aned authority of		· ·····	states that h			n make ti	ne ahove reco		· · · · · · · · · · · · · · · · · ·	
	•	erein, and that sa		,	t. Exe rcile d		Oth	Pay of S	September	or and mat no no	, 20 <u>09</u>	
					OCT	. U.E. 300	KU	hu	1 0	Till ~		
		Witness (i	fany)	,	ULI	u o ZU U	5		For	Company		

exempt status unde and that the forego correct to the best of	penalty of perjury under the laws of the state of Kansas that I am authorized to request Rule K.A.R. 82-3-304 on behalf of the operator LOBO PRODUCTION, INC. Ing pressure information and statements contained on this application form are true and f my knowledge and belief based upon available production summaries and lease records ation and/or upon type of completion or upon use being made of the gas well herein named.
I hereby reques	t a one-year exemption from open flow testing for the SCHIELDS 2 ands that said well:
i i i i i i i i i i i i i i i i i i i	s a coalbed methane producer s cycled on plunger lift due to water s a source of natural gas for injection into an oil reservoir undergoing ER s on vacuum at the present time; KCC approval Docket No s not capable of producing at a daily rate in excess of 250 mcf/D o supply to the best of my ability any and all supporting documents deemed by Commission of corroborate this claim for exemption from testing.
Date: 09/30/09	
	Signature: Kichaed Mills Title: OWNER/OPERATOR

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.