## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test		MCT		(	(See Instruc	tions on Re	everse Side	9)						
= .	en Flow liverabilty	MSL		Test Date					l No. 15					
Company		- Andrews		2/4/200	9	Lease		18	1-20422-00	. 60	,	Well Number		
Rosewo		urces				Homes	tead				42-5	vven ramber		
County Location Sherman SENE				Section 5				RNG (E			Acres Attributed			
Field Goodland									Gas Gathering Connection Branch Systems Inc.					
				Plug Bac 1173'	Plug Back Total Depth 1173'				Set at					
Casing Size Weight 2 7/8" 6.5#			Internal I 2.441	Diameter		Set at Perforatio 1173' 1040'			1066'					
Tubing Size Weight none				Internal (	Internal Diameter Set at				orations	То				
					Type Fluid Production Pump Unit or Dry Gas Flowing					or Traveling Plunger? Yes (No				
Producing Thru (Annulus / Tubing) Annulus				% C	% Carbon Dioxide %				gen	Gas Gr	Gas Gravity - G <sub>g</sub>			
Vertical D	epth(H)				Pressure Taps Flange					(Meter Run) (Prover) Size 2"				
Pressure	Buildup:				09 at 2:00 (AM) (AM) Taken 2-4				20 <u>09</u> a			(AM)		
Well on L	ine:	Started 2-4	2	09 at 2	:15	(AM) (PM)			20	09 a	3:00	(AM) (M)		
					OBSERVE	D SURFAC	E DATA			Duratio	on of Shut-	72 Hou		
Static / Dynamic Property	Orifice Size (inches)	1	Meter Differential Prover Pressure in		Flowing Well Head Temperature t t		ad Pressure Wellhea		Tubing ead Pressure or (P <sub>1</sub> ) or (P <sub>c</sub> )	Duration (Hours)		Liquid Produced (Barrels)		
Shut-In		psig (Pm)	Inches H <sub>2</sub> 0		<u> </u>	psig	psia 24.4	psig	psia					
Flow		-				10	26.4			72	······································	0		
			L		FLOW STR		l	<u> </u>		12		10		
Plate Coeffieci (F <sub>b</sub> ) (F <sub>s</sub> Mcfd	ient   P	Circle one: Meter or rover Pressure psia	Press Extension P <sub>m</sub> x h	Gravity Factor F <sub>g</sub>		Flowing Femperature Factor F <sub>11</sub>	Factor F <sub>pv</sub>		Metered Flor R (Mcfd)	(Cubic Fe		Flowing Fluid Gravity G <sub>m</sub>		
				(005) 51					5		<del></del>			
(P <sub>c</sub> ) <sup>2</sup> =	:	(P <sub>w</sub> ) <sup>2</sup> =	:	(OPEN FLO	OW) (DELIV		') CALCUL P <sub>c</sub> - 14.4) +		:		(P <sub>a</sub> )² (P <sub>d</sub> )²	? = 0.207 ? =		
(P <sub>c</sub> ) <sup>2</sup> - (F	P <sub>a</sub> ) <sup>2</sup>	(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup> (P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup> 1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>		LOG of formula 1. or 2. and divide	LOG of formula 1. or 2. and divide   p 2. p 2		Backpressure Curve Slope = "n" or Assigned Standard Slope		LOG	Antilog		Open Flow Deliverability Equals R x Antilog (Mcfd)		
								_						
Open Flow	<u> </u>		Mcfd @ 14.	65 psia		Deliverab	oility			Mcfd @	14.65 psi	a		
The u	ındersign	ed authority, or	n behalf of the	Company, s	tates that h	e is duly au	uthorized to	make th	ne above repo	ort and	that he ha	s knowledge of		
			id report is true						lovember		71	, 20 09		
		William Co.	· ·			-	/0	m	WI	Company	e G	ISAS CORPORATIO		
<del></del>		Witness (i				-	=			cked by		NOV 3 0		
										·	C	Onservation Wichita,		

I do	clare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
	status under Rule K.A.R. 82-3-304 on behalf of the operator Rosewood Resources, Inc.
	the foregoing pressure information and statements contained on this application form are true and
	the best of my knowledge and belief based upon available production summaries and lease records
	nent installation and/or upon type of completion or upon use being made of the gas well herein named.
	eby request a one-year exemption from open flow testing for the Homestead 42-05
	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
l furt	her agree to supply to the best of my ability any and all supporting documents deemed by Commission
	necessary to corroborate this claim for exemption from testing.
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siaii as i	
	/17/09
	/17/09
	/17/09
	/17/09
	7 (2016
Date: <u>11</u>	/17/09  Signature:

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 RECEIVED signed and dated on the front side as though it was a verified report of annual test results.

W405 Homestead 42-05 North Goodland Goodland None February-09

	Casing			HRS	REMARKS
DATE	PSI	STATIC	MCF	DOWN	(Maximum length 110 characters)
2/1/2009	1	0 23	6	0	
2/2/2009	1	0 23	6	0	
2/3/2009	1	5 29	3	12	
2/4/2009	1	5 29	0	24	
2/5/2009	1	5 29	0	24	
2/6/2009	1	5 29	0	24	
2/7/2009	1	5 29	3	10	bp
2/8/2009	1:	2 25	5 4	0	
2/9/2009	1:	2 25	5 4	0	
2/10/2009	1:	2 25	5 5	5	
2/11/2009	14	4 27	5	2	
2/12/2009	1	4 27	5	0	
2/13/2009	1:	2 25	5 5	0	
2/14/2009	1:	2 25	5 5	0	
2/15/2009	1:	2 25	5 5	0	
2/16/2009	1:	2 25	5 5	0	
2/17/2009	1:	2 25	5 5	0	
2/18/2009	1:	2 25	5 5	0	bp
2/19/2009	1:	2 25	5 5	0	
2/20/2009	1:	2 25	5 5	0	
2/21/2009	1:	2 25	5 5	0	
2/22/2009	1:	2 25	5 5	0	
2/23/2009	1:	2 25	5 5	0	
2/24/2009	1:	2 25	5 5	0	
2/25/2009	1:	2 25	5 5	0	
2/26/2009	1:	2 25	5 5	0	
2/27/2009	1:	2 25	5 5	6	
2/28/2009	1:	2 25	5 5	6	
3/1/2009				0	
3/2/2009				0	
3/3/2009				0	

Total 121

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W405 Homestead 42-05 North Goodland Goodland None March-09

	Casing	•		HRS		REMARKS
DATE	PSI	STATIC	MCF	DOWN		(Maximum length 110 characters
3/1/2009	1	4 2	7	0	0	
3/2/2009	1	4 2	7	7	0	
3/3/2009	1	4 2	7	4	0	
3/4/2009	1	3 20	6	6	0	
3/5/2009	1	3 20	6	5	0	bp
3/6/2009	1	3 20	6	5	0	
3/7/2009	1	3 20	6	5	0	
3/8/2009	1	3 20	6	5	0	
3/9/2009	1	3 20	6	6	0	
3/10/2009	1	3 20	6	6	0	
3/11/2009	1	3 20	6	6	0	
3/12/2009	1	3 20	6	6	0	
3/13/2009	1	1 2	4	6	0	
3/14/2009	1	1 2	4	6	0	
3/15/2009	1	1 2	4	6	0	
3/16/2009	1	1 2	4	6	0	
3/17/2009	1	1 2	4	6	0	
3/18/2009	1	1 2	4	6	0	
3/19/2009	1	1 2	4	6	0	
3/20/2009	1	1 2	4	6	0	
3/21/2009	1	1 2	4	6	0	
3/22/2009	1	1 2	4	6	0	
3/23/2009	1	1 2	4	6	0	
3/24/2009	1	0 2:	3	5	0	
3/25/2009	1	0 2	3	5	0	
3/26/2009	1	0 2:	3	5	0	
3/27/2009	1	0 2:	3	5	0	
3/28/2009	1	0 2:	3	5	0	
3/29/2009	1	0 2	3	5	0	
3/30/2009	1	0 2	3	5	0	
3/31/2009	1	0 2	3	5	0	

Total 167

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