KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:	i	X 241	he 5	Γ	(S	See Instruct	ions on Re	verse Side	·)					
			MATI		Test	Date:					No. 15				
	liverab	<u></u>			12-	10-20	05			181	-20337-00 -	.00			
Company Rosewo		sou	ces					Lease D. Schi	elds				1-3	Well Nu	mber
County Sherman	n		Locat NESE	on	Sect 3	ion		TWP 7 S		RNG (E. 39W	W)			Acres A 80	Attributed
Field Goodlan	ıd					ervoir orara					hering Conn Systems In				
Completion 10-22-20		е			Plug 12 0		Total Dept	h		Packer S	Set at				
Casing S 4 1/2"	ize		Weigh 10.5#		Inter 4.0		iameter	Set 12 0		Perfo 982	rations		To 1012	•	
Tubing Si	ize		Weigh	t	Inter	nal Di	iameter	Set	at	Perfo	rations		То		
Type Con Single (escribe)			Fluid Gas	Production S	1		Pump Ur Flowin	nit or Traveling	Plunge	r? Yes	/ No	
Producing	-	(Anr	nulus / Tubin	g)	***************************************	% Ca	arbon Dioxi	de		% Nitrog	en		Gas G	ravity - 0	àg
Vertical D	epth(F	l)					Press Flan	sure Taps	·				(Meter	Run) (Pi	rover) Size
Pressure	Buildu	p: :	Shut in	10	20 05	9:		(PM)	Taken 12	2-11	20	05 at	10:15	(AM)(PM)
Well on L	.ine:		Started 12-	11	20	10	9:15	(PM)	Taken 12	2-12	20	_05 at	9:15	`	AM) (PM)
							OBSERVE	D SURFAC	E DATA			Duratio	n of Shut	24 t-in	Hours
Static / Dynamic Property	Orlfi Siz (inch	е	Circle one: Meter Prover Press		al Temper	- 1	Well Head Temperature t	Wellhead (P _w) or (I	Sing Pressure P _t) or (P _c)	Wellhe	Tubing ad Pressure r (P _t) or (P _c)		ration ours)	1 '	d Produced Barrels)
Shut-In			psig (Pm)	Inches H	20	+		psig 13	27.6	psig	psia				
Flow								5	19.6	-		24		0	
							FLOW STR	EAM ATT	IBUTES						
Plate Coeffieclent (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extensio	1	, actor		or Temperature		Deviation Metered F Factor R F _{pv} (Mcfd)		ow GOR (Cubic Fo Barrel)		eet/	Flowing Fluid Gravity G _m
											13				
(P _c) ² =			(P _w)² =		(OPE	N FLO P _a = _	W) (DELIV		') CALCUL P _c - 14.4) +) ² = 0.2) ² =	07
$(P_c)^2 \cdot (P_a)^2$ or $(P_c)^2 \cdot (P_d)^2$		(P _c) ² - (P _w) ²		1. P _c ² - P _c 2. P _c ² - P _c	hoose famula 1 or 2: 1. P _c ² - P _c ² 2. P _c ² - P _d ² vided by: P _c ² - P _w ² LOG of formula 1. or 2. and divide by:		Backpres Slop		essure Curve pe = "n" - or ssigned dard Slope	pe = "n" or signed n x LOG		Antilog		Open Flow Deliverability Equals R x Antilog (Mcfd)	
										 				ļ ·	
Open Flo	l			Mcfd @	14.65 psia			Deliveral	oility	<u> </u>		Mcfd @	14.65 ps	sia	· · · · · · · · · · · · · · · · · · ·
The	unders	igne	d authority, o	n behalf of	he Compa	ny, st	ates that h	e is duly a	uthorized t	o make ti	ne above repo	ort and t	hat he h	as know	ledge of
		-	n, and that s								ecember		/	12	05
			Witness	if any)	PE	CF	IVED			/pr	n M	Company	oei		
			For Comr	nission							Che	cked by	-1-1		,
					DE	<i>ل</i> لا ل	9 2005	TĀ.							
					KC	Wۆ	NCHI	H							

I declare under penalty of perjury under the laws of the state of Kansas that I am autexempt 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	
correct to the best of my knowledge and belief based upon available production summaries	
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 D. Schields 1-3	
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 E	R
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 de	emed by Commission
staff as necessary to corroborate this claim for exemption from testing.	
Date: 12-18-2005	
	. 1
Signature: Jam Woelf	
Signature:/om Wolff	
Title: Production Foreman	RECEIVED
	DEC 2 9 2005
	KCC WICHITA

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.

Well Name: D. Schields 1-3

			ields 1-:	3	Month: 1)/0		
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