KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t: on Flou	124	he SI	. (See Instruc	tions on Rev	rerse Side)					
_	eliverabil			Test Date 12-10-2				API 18 1	No. 15 I-20360-00	. <i>o</i> o			
Company		sources			Lease Homestead					1-9	Well Nu	mber	
County Location Sherman NENW				Section 9		TWP 7S	•				Acres A	Attributed	
Field Goodlan	ıd				Reservoir Niobrara				Gas Gathering Connection Branch Systems Inc.				
Completic 9/29/200)		Plug Bac 1211'	Plug Back Total Depth				Set at		**		
Casing S 2 7/8"	asing Size Weight 7/8" 6.5#			Internal [2.441	Diameter	Set at		Perforations 1028'		To 1056'			
Tubing Si	Tubing Size Weight				Diameter			Perfo	erforations To				
		(Describe)			Type Fluid Production Dry Gas			Pump Ui	nit or Traveling	g Plunger? Yes	inger? Yes / No		
	g Thru	(Annulus / Tub	ing)		% Carbon Dioxide				en	Gas G	Gas Gravity - G		
Vertical D				······		sure Taps	· · · · · · · · · · · · · · · · · · ·			(Meter	Run) (P	rover) Size	
1056'	0.11.	1	2-10	20 05 at 8	Flange 05 at 8:30 (PM) Taken			2-11	20	2" 05 9:30			
•		Shut in		20 at 20 at				Taken 12-12 20		05 at 9:30	•	AM)(PM) AM)(PM)	
					OBSERVE	D SURFACE	DATA			Duration of Shut	-in 24	Hour	
Static / Dynamic Property	Orific Size (inche	Prover Pre	Differenti	Temperature	Flowing Well Head Temperature Temperature		Casing Welthead Pressure		Tubing ad Pressure r (P _t) or (P _c)	Duration (Hours)	Liqui	Liquid Produced (Barrels)	
Shut-In						14	28.6	psig	paia				
Flow						6	20.6			24	0		
			1		FLOW STF	REAM ATTRI	BUTES	·			···-··	1	
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia	Press Extension	rac	tor	Flowing Temperature Factor F ₁₁	Deviation Factor F _{pv}		Metered Flor R (Mcfd)	w GOR (Cubic Fo Barrel	eet/	Flowing Fluid Gravity G _m	
									15				
(P _c) ² =		: (P)	² = ;	(OPEN FL	• •	/ERABILITY) % (P	CALCUL - 14.4) +		:) ² = 0.2) ² =	07	
(P _c) ² - (I		(P _c) ² - (P _w) ²	Choose formula 1 or 2:		LOG of formula 1. or 2. and divide by:		Backpressure Curve Slope = "n"		LOG	Antilog	Or Dei Equals	Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flo	w		Mcfd @	14.65 psia		Deliverab	ility			Mcfd @ 14.65 ps	sia		
	•	•	on behalf of the	•		•			ecember	ort and that he h	as know	ledge of 20 05 .	
		Witnes	s (if any)	F	RECEI	VED -			For	Company			
		For Co	mmission	ב	EC 29	2005			Che	cked by			

KCC WICHITA

I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request exempt 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 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.							
I hereby request a one-year exemption from open flow testing for the Homestead 1-9							
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 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.							
PECEIVEL							
Date: 12-18-2005 DEC 2 9 26:15 KCC WICHIT							
Signature: Jon W Houlp							
Title: Production Foreman							

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: Nonestead 1-9

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Month 12/05

Pumper:		Month 12/05									
						·					
zţ;							SPM				
Day	Static	Diff	MCF	Wtr	TP	СР	Cycle	Remarks			
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Monthly Gauge Sheet Well Name: Homestead 1-9 Month: 11/05 Date TP MCF CP Wb Remarks . . . 8

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