KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes		w ØS	I		(See Instruc	tions on Re	everse Side	9)			
	eliverab				Test Date 9/12/20				API 181	No. 15 I-20333-00*	00	
Company		cources					Lease				1-15	Well Number
•				Section	Section TWP			RNG (E	W)		Acres Attributed	
Sherman SESE			15				39W 80					
				Reservoir Niobrara			Gas Gathering Connection Branch Systems Inc.					
Completi 10/29/20		e			Plug Bac 1201'	k Total Dept	th		Packer \$	Set at		
			Internal I 4.052	Internal Diameter Set at 4.052 1205'			Perfo 100	rations 6'	то 1039'			
Tubing S	ize		Weight		Internal [Internal Diameter Set at			Perfo	rations	То	
		(Describ			Type Flui Dry Ga	d Production	า		Pump U	nit or Traveling	Plunger? Yes	/ ((6)
Producing Annulus		(Annulus	/ Tubing)		_	Carbon Dioxi	de		% Nitrog	<u> </u>	Gas Gra	avity - G _g
Vertical E)				Pres:	sure Taps ae					Run) (Prover) Size
Pressure	Buildu	n Shuti	9-12	. ,	07 _{at} 1	-		Taken 9-	13	20	07 at 12:30	(AM) (PM)
Well on L			9-13		0 07 at 1	2:30	(AM) PM	Taken 9-	14	20	07 at 2:30	(AM) PM
						OBSERVE	D SURFAC	E DATA			Duration of Shut-i	n 24 Hour
Static / Dynamic Property	ynamic Size <i>Meter</i> Differentia reperty (inches) <i>Meter</i> in		Differential	Flowing Temperature t	Well Head Temperature t	Wellhead (P _w) or (I	(P_w) or (P_1) or (P_c) (P_w)		Fubing ad Pressure r (P ₁) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)	
Shut-In			9 (* ***)	THORIES 1120			psig 6	20.4	psig	psia		
Flow				,			5	19.4			24	0
	 1					FLOW STR		RIBUTES				-
Plate Coeffiec (F _b) (F Mcfd	ient	Circle of Meter Prover Pre psia	or essure	Press Extension P _m x h	Grav Fact F _e	tor T	Flowing emperature Factor	Fa	iation ctor pv	Metered Flow R (Mcfd)	v GOR (Cubic Fee Barrel)	Flowing Fluid Gravity G_m
										10		
					•	OW) (DELIV		•			•	= 0.207
(P _c) ² =	ſ	_:	(P _w) ² =_	hoose formula 1 or 2:	P _d =		1	P _c - 14.4) +		:	(P _d) ²	·
(P _c) ² - (I or (P _c) ² - (I	•	(P _c) ² - (F		1. P _c ² - P _a 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:	P _c ² - P _w ²	Slo	pe = "n" - orssigned dard Slope	l n x	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
	,							r				
Open Flo	 w		.]	Mcfd @ 14.	65 psia		Deliveral	<u>.</u>	<u> </u>		Mcfd @ 14.65 psia	a
The	undersi	_	• •		Company, s		e is duly a this the 2 CEIVEL	uthorized to			rt and that he has	<u></u>
			Witness (if a	any)		NAL	1 5 201			For	Company	
	***************************************		For Commis	sion			1 7 401	JU		Che	cked by	

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
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.
Date: 11/20/2007
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 signed and dated on the front side as though it was a verified report of annual test results.

KANSAS CORPORATION COMMISSION

W407 Ihrig 1-15 North Goodland Goodland None September-07

	Casing			HR	.s	REMARKS .
DATE	PSI	STATIC	MCF	DO	WN	(Maximum length 110 characters)
9/1/2007	7	20)	10	0	
9/2/2007	7	20)	10	0	
9/3/2007	7	20)	10	0	
9/4/2007	7	20)	10	0	
9/5/2007	7	20		10	0	
9/6/2007	6	19)	10	0	
9/7/2007	6	19)	10	0	
9/8/2007	6	19)	10	0	
9/9/2007	6	19)	10	0	
9/10/2007	6	19)	10	0	
9/11/2007	6	19)	10	2	
9/12/2007	6	19)	10	4.5	si12 cp6
9/13/2007	10	23		3	0	0pen 12 cp10
9/14/2007	6	19)	11	0	,
9/15/2007	6	19	1	10	0	
9/16/2007	6	19)	9	3	
9/17/2007	6	19)	9	0	
9/18/2007	6	19		9	0	
9/19/2007	6	19		9	0	
9/20/2007	6	19		10	0	
9/21/2007	6	19		10	0	
9/22/2007	6	19		10	0	•
9/23/2007	6	19		10	0	
9/24/2007	6	19		10	0	
9/25/2007	6	19		10	0	
9/26/2007	6	19		10	0	
9/27/2007	5	18		11 .	0	
9/28/2007	5	18		10	0	•
9/29/2007	5	18		10	0	
9/30/2007	5	18		10	0	
10/1/2007					0	

Total 291

RECEIVED KANSAS CORPORATION COMMISSION

W407 Ihrig 1-15 North Goodland Goodland None October-07

	Casing			HRS		REMARKS
DATE	PSI	STATIC	MCF	DOWN		(Maximum length 110 characters)
10/1/2007		5 18	3	9	0	
10/2/2007		5 18	3	9	0	
10/3/2007		5 18	3	9	0	
10/4/2007		5 18	3	9	0	
10/5/2007	,	5 18	3	9	0	
10/6/2007		5 18	3	9	0	
10/7/2007		5 18	3	9	0	
10/8/2007		5 18	3	10	0	
10/9/2007		5 18	3	10	0	
10/10/2007		5 18	3	10	0	
10/11/2007	* •	4 17	7	11	0	
10/12/2007		4 17	7	11	0	
10/13/2007		4 17	7	10	0	
10/14/2007		4 17	7	10	0	
10/15/2007	•	4 17	7	10	0	
10/16/2007		4 17	7	10	0	
10/17/2007		4 17	7	10	0	
10/18/2007		4 17	7	10	0	
10/19/2007		4 17	7	10	0	
10/20/2007	•	4 17	7	10	0	
10/21/2007		4 17	7	10	0	
10/22/2007	•	4 17	7	10	0	
10/23/2007		4 17	7	10	0	
10/24/2007		4 17	7	10	0	
10/25/2007		4 . 17	7	10	0	
10/26/2007	•	4 17	7	10	0	
10/27/2007		4 17	7	10	0	
10/28/2007		4 17	7	10	0	
10/29/2007		4 17	7	10	0	
10/30/2007		4 17	7	10	0	
10/31/2007		4 17	7	10	0	·

Total 305

RECEIVED KANSAS CORPORATION COMMISSION

W407 Ihrig 1-15 North Goodland Goodland None November-07

	Casing			HRS		REMARKS
DATE	PSI	STATIC	MCF	DOWN		(Maximum length 110 characters)
11/1/2007		4	17	9	0	
11/2/2007		4	17	9	0	
11/3/2007		4	17	9	0	
11/4/2007		4	17	9	0	bp
11/5/2007		4	17	9	0	
11/6/2007		4	17	9	0	
11/7/2007		4	17	9	0	
11/8/2007		7 2	20	7	6	•
11/9/2007		5	18	7	3	
11/10/2007		4	17	10	0	
11/11/2007		4	17	10	0	
11/12/2007		4	17	10	0	bp
11/13/2007		4	17	10	0	
11/14/2007		4	17	10	1	
11/15/2007		5	18	9	3	bp
11/16/2007		4 1	17	9	12	
11/17/2007		7 2	20	3	7	
11/18/2007		5 1	18	6	0	
11/19/2007		5	18	11	0	bp
11/20/2007		5 . 1	18	10	0	
11/21/2007		4 1	17.	10	0	
11/22/2007		5 1	18	9	2	•
11/23/2007		5 1	18	9	2	
11/24/2007		5 1	18	9	0	
11/25/2007		5 1	18	9	0	
11/26/2007		7 2	20	9	2	
11/27/2007		5 . 1	18	9	0	
11/28/2007		5 1	18	9	0	
11/29/2007		5 1	18	9	0	
11/30/2007		4 1	17	8	3	bp
12/1/2007					0	

Total 265

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