KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

î _1.

Type Test	:	Γ	N 24	he	5I	(See Instruc	tions on Rev	erse Side)				
	en Flo liverab	_	30.			Test Date					No. 15	~^		
		y				12-10-2	005			181	-20331-00-		MACHE AL	
Company Rosewoo		soul	rces					Lease Schwene	dener			1-15	Well No	mber
County Sherman	1			ocation /NE)	Section 15		TWP 7S		RNG (E/ 39W	W)		Acres / 80	Attributed
Field Goodlan	d					Reservoir Niobrara					nering Conn Systems In			
Completic 8/15/200		0				Plug Bac 1207'	k Total Dep	th		Packer S	et at			
Casing Si 4 1/2"	ize			eight 5#		Internal D 4.090	Diameter	Set a 1212		Perfor 992'	ations	то 1024	•	
Tubing Si none	ze		W	eight		Internal E	Diameter	Set a	t	Perfo	ations	То		
Type Con Single (•	•				Type Flui Dry G a	d Productio	n		Pump Un Flowin	it or Traveling 9	Plunger? Yes	/ No	
Producing		(Anı	nulus / T	ubing)		% C	arbon Diox	ide		% Nitrog	en	Gas G . 6	iravity -	Э ₀
Vertical D	epth(H	1)					Pres	sure Taps				•	Run) (P	rover) Size
1024'							Flan					2"		
Pressure	Buildu	•	Shut in .		2			AM (PM)	Taken_12	!-11		05 at 10:30) 	AM (PM)
Well on L	ine:		Started _	12-1 ⁻	<u> </u>	05 at 1	0:30	(PM)	Taken 12	?-12	20	05 at 9:30	(AM (PM)
						·	OBSERVE	D SURFACE	DATA			Duration of Shu	t-in_24	Hours
Static / Dynamic Property	Orifi Siz (inch	ө	Circle Mei Prover P	ter Pressure		Flowing Temperature t	Well Head Temperature t	(P _w) or (P _t	Pressure) or (P _c)	Wellhea (P _w) or	ubing ad Pressure (P _t) or (P _c)	Duration (Hours)		d Produced Barrels)
Shut-In			psig ((PM)	Inches H ₂ 0			psig 14	28.6	psig	psia			
Flow								6	20.6			24	0	
	<u>-</u>		I		. I.,	L	FLOW ST	REAM ATTRI	BUTES	l		<u> </u>	!	
Plate Coeffieci (F _b) (F Mcfd	ient ,)	Pro	Circle one: Meter or over Pressi psia	ure	Press Extension	Grav Fac	tor	Flowing Temperature Factor F _{rt}	Fa	ation ctor	Metered Flow R (Mcfd)	w GOF (Cubic F Barre	eet/	Flowing Fluid Gravity G _m
											12			
(P _c) ² =		:	(P	w)2 =	:	(OPEN FLO	, ,	/ERABILITY) % (P	CALCUL - 14.4) +		:		$(x_1)^2 = 0.2$ $(x_2)^2 = 0.2$	207
(P _c) ² - (F		(F	P _c)² - (P _w)²	Cr.	1. P _c ² - P _d ² 2. P _c ² - P _d ² ided by: P _c ² - P _d ²	LOG of formula 1. or 2. and divide	P _c ² -P _w ²	Backpres Slop Ass	sure Curve e = "n" or signed ard Slope	nxi	.og [Antilog	O De Equal	pen Flow iverability is R x Antilog (Mcfd)
							····					<u></u>		
Open Flor	1 w				Mcfd @ 14.	65 psia		Deliverabi	ility			Mcfd @ 14.65 p	sia	
		•		•		• •		•			e above repo ecember	ort and that he h	as know	ledge of
tne facts s	tated ti	nerei	n, and th	at saic	l report is true	and correc	t. Executed	this the 10	·	day of	[1]	I Pro	11)
			Witi	ness (if a	ny)			_		JETT (For	Company		
			For	Commiss	ion			RE	CEIV	ED	Che	cked by		

DEC 29 2000

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 record 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 Schwendener 1-15 gas well on the grounds that said well: (Check one) is a coalbed methane producer 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	nd ds
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 an correct to the best of my knowledge and belief based upon available production summaries and lease record 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 Schwendener 1-15 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.	nd ds
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.	
(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 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.	
I further agree to supply to the best of my ability any and all supporting documents deemed by Commis staff as necessary to corroborate this claim for exemption from testing.	ssion
Date: 12-18-2005	
,	
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.

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Well Name: Schulldener 1-15

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——— Monthly	Gauge Sheet					
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