

# KANSAS CORPORATION COMMISSION

## ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

(See Instructions on Reverse Side)

Type Test:

Open Flow       Shut-in  
 Deliverability       Pressure

Test Date: 12-20-06

API No. 15 -103-20,441-00-01

Company <b>Monument Resources, Inc.</b>		Lease <b>N. Hoppe</b>		Well Number <b>#3</b>	
County <b>Leavenworth</b>	Location <b>NW, SW, NW</b>	Section <b>29</b>	TWP <b>8S</b>	RNG (E/W) <b>22E</b>	Acres Attributed <b>40</b>
Field <b>McLouth</b>		Reservoir <b>McLouth</b>		Gas Gathering Connection <b>COG Transmission Corporation</b>	
Completion Date <b>8/30/85</b>		Plug Back Total Depth <b>1250'</b>		Packer Set at <b>---</b>	
Casing Size <b>4 1/2"</b>	Weight <b>9.5#</b>	Internal Diameter <b>---</b>	Set at <b>1270'</b>	Perforations <b>1152' - 1157'</b>	To
Tubing Size <b>2 3/8"</b>	Weight <b>4.7#</b>	Internal Diameter <b>---</b>	Set at <b>1150'</b>	Perforations	To
Type Completion (Describe) <b>Gas</b>	Type Fluid Production <b>Water (Nil)</b>		Pump Unit or <del>Flowing Plugger</del> Yes / <del>No</del> <b>Pump Unit</b>		
Producing Thru (Annulus / Tubing) <b>Annulus</b>	% Carbon Dioxide <b>Nil</b>	% Nitrogen <b>Nil</b>	Gas Gravity - G <sub>g</sub> <b>---</b>		
Vertical Depth(H) <b>1157'</b>	Pressure Taps <b>---</b>			(Meter Run) <del>2" or 3"</del> <b>2"</b>	
Pressure Buildup: Shut in <b>12-19-06</b> at <b>9:30</b> (AM) <del>(PM)</del> Taken <b>12-20</b> <b>2006</b> at <b>10:00</b> (AM) <del>(PM)</del>					
Well on Line: Started _____ 19 _____ at _____ (AM) (PM) Taken _____ 19 _____ at _____ (AM) (PM)					

### OBSERVED SURFACE DATA

Duration of Shut-in \_\_\_\_\_ Hours

Static / Dynamic Property	Orifice Size inches	Circle one: Meter or Prover Pressure psig	Pressure Differential in (h) Inches H <sub>2</sub> O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>c</sub> )		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>1</sub> ) or (P <sub>c</sub> )		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-in	-	-	-	-	-	160	-	-	-	24	-
Flow											

### FLOW STREAM ATTRIBUTES

Plate Coefficient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd	Circle one: Meter or Prover Pressure psia	Press Extension $\sqrt{P_m \times H_w}$	Gravity Factor F <sub>g</sub>	Flowing Temperature Factor F <sub>tt</sub>	Deviation Factor F <sub>pv</sub>	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G <sub>m</sub>

### (OPEN FLOW) (DELIVERABILITY) CALCULATIONS

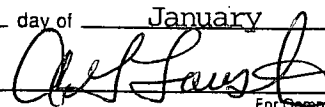
(P<sub>c</sub>)<sup>2</sup> = \_\_\_\_\_ : (P<sub>w</sub>)<sup>2</sup> = \_\_\_\_\_ : P<sub>o</sub> = \_\_\_\_\_ % (P<sub>c</sub> - 14.4) + 14.4 = \_\_\_\_\_ : (P<sub>o</sub>)<sup>2</sup> = 0.207  
 (P<sub>d</sub>)<sup>2</sup> = \_\_\_\_\_

(P <sub>c</sub> ) <sup>2</sup> - (P <sub>a</sub> ) <sup>2</sup> or (P <sub>c</sub> ) <sup>2</sup> - (P <sub>d</sub> ) <sup>2</sup>	(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2: 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 by: $\frac{P_c^2 - P_a^2}{P_c^2 - P_w^2}$	Backpressure Curve Slope = "n" Assigned Standard Slope	n x LOG [ ]	Antilog	Open Flow Deliverability Equals R x Antilog Mcfd

Open Flow      Mcfd @ 14.65 psia      Deliverability      Mcfd @ 14.65 psia

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 10th day of January, 2007.

\_\_\_\_\_  
 Witness (if any)  
 For Commission

  
 For Company  
 President

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Checked by \_\_\_\_\_

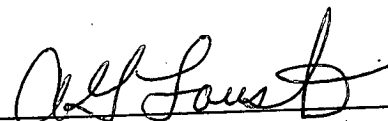
I declare under penalty or perjury under the laws of the state of Kansas that I am authorized to request exempt status under Rule K.A.R. 82-3-304 on behalf of the operator Monument Resources, Inc. and that the foregoing information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon gas production records and records of equipment installation and/or of type completion or upon use of the gas well herein named.

I hereby request a permanent exemption from open flow testing for the N. Hoppe #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 ER
- is on vacuum at the present time; KCC approval Docket No. \_\_\_\_\_
- is incapable of producing at a daily rate in excess of 150 mcf/D

Date: January 10, 2007

Signature: 

Title: President

**Instructions:** All active gas wells must have at least an original G-2 form on file with the conservation division. If a gas well meets 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 obtain a testing exemption.

At some point during the succeeding calendar year, wellhead shut-in pressure shall be 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.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than thirty (30) days after the taking of the pressure reading. The form must be signed and dated on the front side as though it was a verified report of test results.

29-8-22E

SIDE ONE



131819

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM  
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # ..... 5757 .....  
Name ..... Billy Oil, Inc .....  
Address ..... Box 218 .....  
..... Buffalo, Kansas 66717 .....  
City/State/Zip .....

Purchaser ..... Laggs Leavenworth .....  
..... HPG Falca .....

Operator Contact Person ..... William O. Bryan .....  
Phone ..... 316-537-6831 .....

Contractor: License # ..... 5419 .....  
Name ..... H. J. Drilling .....

Wellsite Geologist .....  
Phone .....

Designate Type of Completion  
 New Well  Re-Entry  Re-Entry  
 Oil  SWD  Temp Abd  
 Gas  Inj  Delayed Comp.  
 Dry  Other (Core, Water Supply etc.)

If ONWO: old well info as follows:  
Operator .....  
Well Name .....  
Comp. Date ..... Old Total Depth .....

WELL HISTORY

Drilling Method:  
 Mud Rotary  Air Rotary  Cable  
..... 8727/85 ..... 8730/85 ..... 8-30-85 .....  
Spud Date Date Reached TD Completion Date  
..... 1278 ..... 1250 .....  
Total Depth PBDT

Amount of Surface Pipe Set and Cemented at ..... 63 feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set ..... feet  
If alternate 2 completion, cement circulated  
on ..... 63 ..... feet depth to ..... SURFW. 25. SX cmt

API NO. 15-103-20-441.....

County..... Leavenworth.....

..... NWSWN ..... Sec... 29 Twp... 8... Rge... 22  East  West

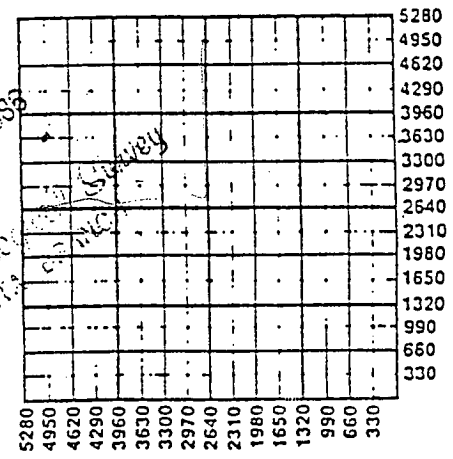
..... 3630 ..... Ft North from Southeast Corner of Section  
..... 4950 ..... Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

Lease Name..... N. Hoppee ..... Well #..... 3

Field Name.....

Producing Formation..... Lower McClouth.....

Elevation: Ground..... 86.5 ..... KB.....  
Section Plat



WATER SUPPLY INFORMATION  
Disposition of Produced Water:  Disposal  Repressuring  
Docket # .....

Questions on this portion of the ACO-1 call:  
Water Resources Board (913) 296-3717  
Source of Water: ..  
Division of Water Resources Permit #.....  
 Groundwater..... Ft North from Southeast Corner  
(Well) ..... Ft West from Southeast Corner of  
Sec Twp Rge  East  West  
 Surface Water..... Ft North from Southeast Corner  
(Stream, pond etc)..... Ft West from Southeast Corner  
Sec Twp Rge  East  West  
 Other (explain)..... Driller supplied.....  
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells.

Operator Name Billy Oil, Inc. Lease Name N. Hoppee Well # 3

Sec. 29 Twp. 8 Rge. 22  East  West County Leavenworth

Estimated Production Per 24 Hours <u>400</u>	Bbls	<u>400</u>	MCF	Bbls	CFPB
--	------	------------	-----	------	------

METHOD OF COMPLETION \_\_\_\_\_ Production Interval \_\_\_\_\_

Disposition of gas:  Vented  Sold  Open Hole  Perforation  Other (Specify) \_\_\_\_\_

Set 63' of 7" Surface.  
Cemented with CP Solidated.

Commenced 8/27/85  
Completed 8/29/85

Formation Description

BILLY OIL, INC. N. HOPPEE #3		12	Lime	675
12	Soft & Clay	5	Shale Sandy	680
20	Mucky Shale	10	Sand Shaley	7
20	Sand & Gravel	38	Shale Mucky	J
48	Shale	1	Coal	729
27	Lime	21	Shale	750
22	Shale	7	Shale Mucky	765
20	Lime	1	Coal	772
61	Shale	2	Lime	773
54	Lime	75	Shale & Lime	774
16	Shale	11	Sand Mucky Shaley	868
9	Lime	8	Shale	803
19	Shale	15	Dark Shale	900
71	Lime Broken	17	Sand Silty Mucky	908
3	Dark Shale	8	Shale Sandy Dark	914
19	Lime	6	Shale Slightly Sandy Limey	968
127	Shale	54	Sand Limey	969
12	Lime & Sand	1	Lime Sandy	10"
13	Sandy Shale	01	Sand Light Brown to White	10'
11	Lime	21	Coal	1065
4	Sand	10	Limey Sand Shaley	1075
14	Lime Shaley	45	Sand Silty	1093
17	Shale Limey	13	Sand Slightly Shaley	1138
2	Lime	8	Shale Dark Slightly Sandy	1151
13	Sand Limey	25	Sand Shaley light Brown	1159
5	Lime	8	Shale	1184
11	Shale	40	Sand Shaley White to light Brown	1184
1	Coal	16	Shale	1240
4	Shale	3	Dark Shale	1243
		35	Mississippi	1278 TD
		1269.20	Total Pipe.	

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MAR 18 1986  
State Geological Survey  
Wichita Branch

CASING RECORD  New  Used  
Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs/Ft.	Setting Depth	Type of Cement	#Sacks Used	Type and Percent Additives
Prod.	6 1/8"	4 1/2"		1270	Port. A	130	50% gelsonite
Surface	9 7/8"	7"		63	Port. A	25	2% salt & gel

PERFORATION RECORD  
Shots Per Foot \_\_\_\_\_ Specify Footage of Each Interval Perforated \_\_\_\_\_  
Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) \_\_\_\_\_ Depth \_\_\_\_\_

2	11 holes 1152-1157	N2 foam frac	1152-1158
	3 3/8 HSC	25 sax 10/20	
		50# water gel	
		8 gal. CF-1	

TUBING RECORD  
Size \_\_\_\_\_ Set At \_\_\_\_\_ Packer at \_\_\_\_\_ Liner Run  Yes  No

Date of First Production 9-6-85 Producing Method  Flowing  Pumping  Gas Lift  Other (explain) \_\_\_\_\_

Oil	Gas	Water	Gas-Oil Ratio	Gravity
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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1  
June 2000  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE POND PERMIT

Check Applicable Boxes:

Oil Lease: No. of Wells \_\_\_\_\_ \*\*

Gas Lease: No. of Wells 7 \*\*

\*\* Side Two Must Be Completed.

Saltwater Disposal Well - Docket No. \_\_\_\_\_

Spot Location: \_\_\_\_\_ feet from N / S Line

\_\_\_\_\_ feet from E / W Line

Enhanced Recovery Project Docket No. \_\_\_\_\_

Entire Project:  Yes  No

Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Slammer Northeast /  
Possum Hollow

Effective Date of Transfer: January 15, 2003

Lease Name: Hoppe

\_\_\_\_\_ Sec. 29 Twp. 8S R. 22  E  W

Legal Description of Lease: N/2 SW/4 and the S/2 NW/4  
of Section 29, Township 8 South, Range 22  
East (see Exhibit A attached)

County: Leavenworth

Production Zone(s): McClouth

Injection Zone(s): \_\_\_\_\_

Surface Pond Permit # \_\_\_\_\_  
(API # If Drill Pit)

\_\_\_\_\_ feet from N / S Line of Section

\_\_\_\_\_ feet from E / W Line of Section

Identify:  Emergency Pit  Burn Pit  Storage Pit  Drill Pit

Past Operator's License No. see attached

Contact Person: \_\_\_\_\_

Past Operator's Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

New Operator's License No. 32064

Contact Person: A.G. Foist/Jeff Ogden

New Operator's Name & Address: \_\_\_\_\_

Phone: 303-692-9468/913-724-5333

Monument Resources, Inc.

Gas Purchaser: Atmos Energy

2050 S. Oneida St., Suite 106

Date: 8-28-03

Denver, CO 80224

Title: President

Signature: A.G. Foist

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pond permit # \_\_\_\_\_ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

\_\_\_\_\_ is acknowledged as the  
new operator and may continue to inject fluids as authorized by

Docket # \_\_\_\_\_ . Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as the  
new operator of the above named lease containing the surface pond

permitted by # \_\_\_\_\_ .

Date: \_\_\_\_\_

Authorized Signature

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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**Must Be Filed For All Wells**

\* Lease Name: Hoppe \* Location: Leavenworth County, Kansas

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1 North	15-103-20387	2970	2970	Gas	SI
2 (South)	15-103-20349	2310	2970	Gas	SI
2 North	15-103-20388	2970	3630	Gas	SI
3 North	15-103-20441	3630	4950	Gas	SI
3 (South)	15-103-20360	1550	3960	Gas	SI
4 North	15-103-20457	3300	4290	Gas	SI
4 (South)	15-103-20366	2210	3960	Gas	SI
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

X  
✓  
X  
X

A separate sheet may be attached if necessary

\* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

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