KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

				ANCAĊ	Cont	PORATION	ı Con	IREICO	ON		Form G-2 (Rev. 8/98) RECEIV CC WICHIN Well Number
		ONE	POINT ST							Y TEST	CEIL
Type Tes	st:	V				uctions on Reve					UEC 20
	pen Flow	X Shut-	in	_						~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	$C_{C_{i}} = \sqrt{2\alpha}$
Dr	eliverabilt		•	Test Date:	: 12–	04-04		API	No. 15 —	3-20,819	WICHIN
Company		sources, Inc				Lease C. Heim	1			11	Well Number
	ient ne	Location Location		Section		TWP		RNG (E	·////		Acres Attributed
County Leaver	worth	NW,NI		30		88		22E	, • • • ;		40
Field				Reservoir					hering Conne		
-				McLout					Transmiss	ion Corp.	
Completi 6-01-87			•	Plug Back 1380'	Total Der	otn		Packer S	Set at		
Casing S		Weigh	t	Internal Di	iameter	Set at			rations	То	
4 1/2"		9.5#				1380	ļ¹		0'-1350'		
Tubing S 2 3/8"	ize	Weigh 4.7#	t	Internal Di	iameter	Set at 1363	į.	Perfo	rations	То	
	npletion (Describe)		Type Fluid Nil	Production	on		Pump U	-	Plunger? Yes /	No No
	o Thru (A	nnulus / Tubing)		% Carbon	Dioxide			% Nitrog		Gas Gr	avity - G
Annulu				••						••	- H
Vertical E					Pres	sure Taps				·	Run) (Prover) Size
1350'										2°	
Well on L	ine:	Started	19	at		_ (AM) (PM) T			19	at	24.
Static /	Orifice	Circle one:	Pressure	Flowing	Well Head	Casin			Tubing		
Dynamic Property	Size inches	Meter or Prover Pressu psig	Differential in (h) Inches H ₂ 0	Temperature t		I Wellhead P			ad Pressure r (P ₁) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)
Shut-In			<u></u>	-		20 -				24+	,
Flow											
,					FLOW ST	REAM ATTRIE	BUTES				
Plate Coeffied (F _b) (F Mote	ient	Circle one: Meter or Prover Pressure psia	Press Extension Š P _m x H _w	Gravi Facto F _g	or	Flowing Temperature Factor F _{II}	Devi Fac F	tor	Metered Flor R (Mcfd)	w GOR (Cubic Fer Barrel)	Flowing Fluid Gravity G _m
(P _c) ² =		: (P _w) ² =		OPEN FLO	w) (DELI	VERABILITY) (P.	- 14.4) +		:	(P _a) ² (P _d) ²	2 = 0.207 2 =
(P _c) ² - (I	i	(P _c) ² - (P _w) ²	1. P _c ² -P _d ² 2. P _c ² -P _d ²	LOG of formula 1. or 2. and divide	P_2 - P_2			nx	LOG	Antilog	Open Flow Deliverability Equals R x Antilog
	-		divided by: P _c ² - P _w ²	by:	<u> </u>	Standar	d Siope	-	L J		Mcfd
Open Flor	N		Mcfd @ 14.65	psia		Deliverabilit	у			Mcfd @ 14.65 psia	
The	undersign	ed authority, on	behalf of the Cor	mpany, state	es that he	is duly authoriz	ed to mai	ke the ab	ove report and	that he has know	ledge of the facts
tated ther	rein, and	that said report i	is true and correc	t. Executed	d this the	13th	day of	De Li	ecember	A	,2004
··-·		Witness (i	t any)					Pres	For sident	Company	

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 C. Heim #11 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
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Date: December 13, 2004
Signature:

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.