Form G-2)

Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

MAR 0 7 2003

Type Test	:		• • • • • • • • • • • • • • • • • • • •			(See Insi	tructi	ions on Reve -	rse Side)				KC	3 Wichii	
`	en Flo				Test Date	e:				API	No. 15	127-0	۱ <i>(</i> ۲- (OO	
	liverab	iity						Lease			01-00	11001-0		Number	
Company		~ ~ .	luotion	. Inc			С	ebula	1.	-15_					
Lobo Production, Inc. County Location			Section				RNG (E/W)		W)	. Acres Attributed					
Sherman SW SW NW			15					39		- **	{	80			
Field					Reservoi						nering Conne			_	
Good			·		Niobra	ara :k Total D	enth			Packer S		Product	10n,	inc.	
Completic						92'	Op								
6-24-82 Casing Size Weight			Internal	Internal Diameter			Set at		Perforations		To				
2 3/8" 4.7#				1.995			992'		934 * Perforations		954 '				
Tubing Si	ze		Weigh	t	Internal i	Diameter		Set at		Peno	rations	.0			
Type Com	noletion	n (De	scribe)		Type Flu	id Produc	tion			Pump Ur	nit or Traveling	Plunger? Ye	s / No		•
Sing	•										<u> </u>	·	Crouitu	<u> </u>	
			ulus / Tubing)		% Carbo	% Carbon Dioxide					en ·		Gravity	•	
Casi								ro Tono				(MAY	erxPront	(Prover) Size	. •
Vertical D	epth(H	1)				Pro	essu	re Taps				XX		" Meter	Rur
944			2/2	/02						2/1/)3 10	at _8:		(AM)(PM)	•
Pressure	Buildu	p: \$	Shut in $\frac{2/3}{}$	/03	19at 💆	:00	— '	(AM) (PM) T	aken	2/4/1	/.) 19	al		_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Well on Li	ine:	5	Started		19at _			(AM) (PM) T	aken	 -	19	at		_ (AM) (PM)	
						OBSES	DVE	D SURFACE	DATA			Duration of S	hut-in	Hours	
			Circle one:	Pressure		1		Casin		T	Tubing				
Static / Orifice		ce Meter or		Differentia	i Flowing	Well He Tempera		Wellhead Pressure		Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)		Liquid Produced (Barrels)	
Dynamic Property	inch		Prover Pressu psig	in (h) Inches H _e	t	t		(P _w) or (P _t)	or (P _c) psia	psig	psia	(1.55.5)		(======	
Shut-In			P0.9			 		14							
Sildeni				 		 -		12			- 				
Flow									UTEC		1	L	1		J
	т					FLOW	STR	EAM ATTRIE	JUIES_					Flowing	
Plate			Circle one: Meter.or	Press Extension		Gravity Te		Flowing Devia emperature Fac		1 -			OR c Feet/	Fluid	
Coeffiecient (F _b) (F _p) Pro		Prover Pressure		_ '•	ctor		Factor F			(Mcfd)	Barrei)		Gravity G _m		
Mcfd			psia 	m		•		F,,							
Ĺ									<u> </u>						ļ
					(OPEN FL	.OW) (DE	LIVI	ERABILITY)					$(P_a)^2 = 0$	0.207	
(P _c) ² =		<u>_:</u> _	(P _w) ² =		P _d =	·	%	6 (P _c	- 14.4) +	14.4 = _	 :-	· · · · · · · · · · · · · · · · · · ·	$(P_0)^2 = $		1
(P.)2-/I	D /3	/E	P _c) ² - (P _w) ²	1. P.2 · P.2	LOG of	Γ.	٦		sure Curve e = "n"		, oc []]	Open Flow Deliverability	}
(P _c)² - (I		(1	- ر _ه ۱۰ - ره	2. P.2. P.2	formula 1. or 2.	ŀ			or gned	. n x	LOG	Antilog	4	uals R x Antilog	
or (P _c)2-(I	P _d)2			divided by: P2	i and divide	P.º.P.	2		rd Slope					McId	1
								<u> </u>							
	1											Moid @ 44.55	neia		J
Open Flov				Mcfd @ 1				Deliverabilit				Mcfd @ 14.65			•
The เ	undersi	ignec	l authority, on	behalf of the	Company, st	ates that l	he is	duly authori	zed to ma	ike the at	ove report an	d that he has k	nowledg	e of the facts	
			at said report						day o		rch			3903	
SIGIOG INGI	J., U	un	Ja. J . J . J . J						·	18ha	San	Alexs			
			Witness (if any)			_	_)	Foi	Company			
			***************************************					_							-
			For Comm	nission			_	_			Ch	ecked by			

exempt status und and that the foreg the best of my kno tion and/or of type I hereby reque	er penalty or perjury under the laws of the state of Kansas that I am authorized to request er Rule K.A.R. 82-3-304 on behalf of the operator <u>Lobo Production</u> , <u>Inc.</u> oing information and statements contained on this application form are true and correct to owledge and belief based upon gas production records and records of equipment installate completion or upon use of the gas well herein named. In the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized to request the state of Kansas that I am authorized the state of Kansas tha
(Check	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 1.80 mcf/D
Date:3/4/03	Signature: John Sandus Title: Owner/Operator

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.