## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:			n=r	2060	<u>*</u>	(See Ins.	truc	tions on Re	verse Side,	) '						
Op	en Flo	w	ı	اسا اس	2,621	)()1				hin di		and the co					
De	liverab	ilty	F.	<b>1</b>	S WICHI	Test Date	e:				API	10. 15 G	0005	:(a	-00	~ 00	
					2000111	IA	<del></del>		1			101-0	<u> </u>		Vell Num		
Company		ra	ductio	'n	Inc		•	۲.	Lease ity of	Cood	land		1	<b>-</b> 8	AGIL IADILI	Del	
County	<u> </u>	LU	Loca	, ,		Section		<u>U.</u>	TWP	GOOG	RNG (EA	M)	<u></u>		cres Attr	ibuted	
She	rm o	~				8			8.S		39W	·•,		. • •		.55.05	
Field	LIIIC		IV W	<u></u> ,	L.W	Reservoi	r	-	0.5			ering Conne	ction		-		
Good	dlaı	nd			N:	obrara						KN				•	
Completic	on Date	•			. 11.1		k Total De	epth	)		Packer Se	et at				•	
10-							211'	•					•				
Casing Size Weight				Internal Diameter			Set a	at	Perfor	ations	To	То					
4.5			9.	5#	<del>!</del>				1246'KB		1086		1	1102'			
Tubing Size Weight			Internal Diameter			Set a		Perfora		To	То						
Type Com	•	-	-			Type Flui	id Produc	tion			Pump Uni	t or Traveling	Plunger?	Yes /	No		
Sing																	
Producing	Thru	(Ann	ulus / Tubin	g)		% Carbo	n Dioxide				% Nitroge	Nitrogen Gas Gravity - G				•	
Casi														0.60	)	<i>:</i>	
Vertical De		)					Pre	SSL	re Taps				W.	<b>HMMM</b>	₫∰ (Prov		
1102	'													2	2'' M∈	eter R	
Pressure I	Buildu	o: 5	Shut in 12	/1	4/01 19	at _8	3:00		(AM)(PM)	Taken1	12/15/	<u>′01                                    </u>	at _8.	:00	((A)	ຂຶ້າ)(PM)	
	•								$\mathcal{O}$						_		
Well on Li	ne:	S	started		19	)at		_	(AM) (PM)	Taken		19	at		(AN	/) (PM)	
<del> </del>	· · · · · · · · · · · · · · · · · · ·															<del></del> .	
			··				OBSER	VE	D SURFAC	E DATA		-,	Duration of	Shut-ir	1	Hours	
Static / Orifi		:е	Circle one: Meter or	1		Flowing	Well Hea	ad	Cas	•	Tubing		Duration		A law let Dane do and		
Dynamic	Size	Prover Pres			Differential in (h)	Temperature	1 '	ure	Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )		Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )			Duration (Hours)		Liquid Produced (Barrels)	
Property inc		ches psig			Inches H <sub>2</sub> 0	1 1			psig psia		psig psia				,,		
Shut-In										•	, , , , , , , , , , , , , , , , , , , ,	1					
							<u> </u>		20						<u> </u>		
Flow					,												
			·				FLOW S	TR	EAM ATTR	BUTES							
			Cimia noe:	Т			120110									Flaurian	
Plate Coeffiecient (F <sub>b</sub> ) (F <sub>b</sub> )		Circle one: Meter.or		Press Extension		Grav	or T		Flowing emperature	Devia	tor R		GOR (Cubic Fee Barrel)		Flowing Fluid		
		Prover Pressure			√ P_x H_	Fact			Factor	Fac					Gravity		
Mcfd		psia			* ' m ^ ' ' w	9			F <sub>it</sub>		19					G <sub>m</sub>	
				Τ													
<u> </u>			<del></del>	<u> </u>						_!							
						(OPEN FL	OW) (DEL	.IVE	ERABILITY)	CALCULA	ATIONS			(P <sub>a</sub> ) <sup>2</sup> :	= 0.207		
P <sub>c</sub> ) <sup>2</sup> =		<u>.:</u>	(P <sub>w</sub> ) <sup>2</sup> =		:	P <sub>d</sub> =		%	(P	c - 14.4) +	14.4 =	<u> </u>		(P <sub>d</sub> ) <sup>2</sup> =	=		
/D \2 /D	,,	<b>/</b> D	,,,,,,,		ose formula 1 or 2:	106 4		7		ssure Curve		rhl			Open	Flow	
(P <sub>c</sub> ) <sup>2</sup> - (P <sub>s</sub> ) <sup>2</sup>		(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>		1. P <sub>c</sub> <sup>2</sup> · P <sub>e</sub> <sup>2</sup>		LOG of formula			Slope = "n"		n x LOG		Antilog		Deliverability		
(P <sub>c</sub> ) <sup>2</sup> - (P <sub>d</sub> ) <sup>2</sup>				2. P <sub>c</sub> <sup>2</sup> + P <sub>d</sub> <sup>2</sup>		1. or 2.			Assigned				Annog		Equals R x Antilog Mcfd		
				divid	ed by: P <sub>c</sub> - P <sub>u</sub> 2	by:	<u></u>	<u></u>	Standa	ard Slope			.,	$\dashv$	MC		
																ľ	
						†			<b> </b>								
						<u> </u>			<u> </u>				·				
Open Flow Mcfd @ 14.65 psia					5 psia	Deliverability			Mcfd @ 14.65 psia								
							:						· · · · · · · · · · · · · · · · · · ·				
The un	idersig	ned	authority, or	i pei	nalf of the Co	mpany, stat	es that he	) is	* .	ized to mak	e the abov	e report and	that he has	knowle	dge of th	e facts	
tated there	in, and	l thai	said report	is tr	ue and corre	ct. Execute	d this the	_	17	day of,	<u>De</u>	cembe				<u>01.</u>	
	,			**							0	11	1)			•	
									_	Ad	len	Sou	ders				
			Witness	if any	")					90		For C	Company			***	
			For Com	nissic	00				_			Chec	ked by				

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	a de la compansa de l						
I declare under penalty or perjury under the laws of the state of Kansas that I am authorized to requeste exempt status under Rule K.A.R. 82-3-304 on behalf of the operator Lobo Production, Inc.							
and that the foregoing information and statements contained	d on this application form are true and correct to						
the best of my knowledge and belief based upon gas produ	action records and records of equipment installa-						
tion and/or of type completion or upon use of the gas well h	nerein named.						
I hereby request a permanent exemption from open flow to	esting for the City of Goodland 1-8						
gas well on the grounds that said well:	*						
<b>3.</b>							
(Check one)							
is a coalbed methane producer	•						
is cycled on plunger lift due to water	n demoise EB						
is a source of natural gas for injection in							
is on vacuum at the present time; KCC							
x is incapable of producing at a daily rate	in excess of 150 mc7/D						
Date: 12/17/01							
	2) //						
Characterists.	blu Sandora						
Signature:	A Secretary						
Title: Own	ner/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.