

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:

- Open Flow
 Deliverability

AS

(See Instructions on Reverse Side)

Test Date:
4-3-2006

API No. 15
181-20393-00-00

Company Rosewood Resources, Inc.		Lease Topliff		Well Number 2-34	
County Sherman	Location SESE/4	Section 34	TWP 8S	RNG (E/W) 40W	Acres Attributed 80
Field Goodand		Reservoir Niobrara	Gas Gathering Connection Branch Systems Inc.		
Completion Date 2/24/2006		Plug Back Total Depth 1198'		Packer Set at	
Casing Size 2 7/8"	Weight 6.5#	Internal Diameter 2.441	Set at 1216'	Perforations 1090'	To 1120'
Tubing Size NONE	Weight	Internal Diameter	Set at	Perforations	To
Type Completion (Describe) Single (Vertical)		Type Fluid Production Dry Gas		Pump Unit or Traveling Plunger? Yes / No	
Producing Thru (Annulus / Tubing) Annulus		% Carbon Dioxide		% Nitrogen	
Vertical Depth(H) 1216'		Pressure Taps Flange		(Meter Run) (Prover) Size 2"	
Pressure Buildup: Shut in 4-3		20 06 at 8:25		(AM) (PM) Taken 4-6	
Well on Line: Started 4-6		20 06 at 2:00		(AM) (PM) Taken 4-7	
				20 06 at 2:00 (AM) (PM)	
				20 06 at 9:25 (AM) (PM)	

OBSERVED SURFACE DATA

Duration of Shut-in **24** Hours

Static / Dynamic Property	Orifice Size (inches)	Circle one: Meter Prover Pressure psig (Pm)	Pressure Differential in Inches H ₂ O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _i) or (P _o)		Tubing Wellhead Pressure (P _w) or (P _i) or (P _o)		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-In						47	67.4				
Flow						10	24.4			24	0

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _v) (F _p) Mcfd	Circle one: Meter or Prover Pressure psia	Press Extension $\sqrt{P_m \times h}$	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _{pv}	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _m
						10		

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_o)² = _____ : (P_w)² = _____ : P_d = _____ % (P_c - 14.4) + 14.4 = _____ : (P_o)² = 0.207 : (P_o)² = _____

(P _o) ² - (P _w) ² or (P _o) ² - (P _d) ²	(P _o) ² - (P _w) ²	Choose formula 1 or 2: 1. P _o ² - P _d ² 2. P _o ² - P _w ² divided by: P _o ² - P _w ²	LOG of formula 1, or 2, and divide by: $\left[\frac{P_o^2 - P_w^2}{P_o^2 - P_w^2} \right]$	Backpressure Curve Slope = "n" ----- or ----- Assigned Standard Slope	n x LOG $\left[\right]$	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 27 day of July, 2006.

Witness (if any)

For Company

For Commission

Checked by

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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 records 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 Toplift 2-34 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 not capable of producing at a daily rate in excess of 250 mcf/D

I further agree to supply to the best of my ability any and all supporting documents deemed by Commission staff as necessary to corroborate this claim for exemption from testing.

Date: 7/27/2006

Signature: 
 Title: Production Foreman

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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Monthly Gauge Sheet

Well Name: Topliff 2-34

Pumper: TRS

Month March 2006

Day	Static	Diff	MCF	Wtr	TP	CP	SPM Cycle	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17						54		First Gas @ 5:15PM
18	61		11			48		@ 15 MCFD
19	60		18			47		
20	59		17			46		
21	58		17			45		
22	58		16			45		
23	57		16			44		
24	57		16			44		
25	56		16			43		
26	56		16			43		
27	56		15			43		BP
28	55		16			42		
29	55		15			42		
30	55		15			42		
31	55		15			42		

Totals

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Monthly Gauge Sheet

Well Name: Topliff 2-34

Pumper: _____

Month 4/06

Day	Static	Diff	MCF	Wtr	TP	CP	SPM Cycle	Remarks
1	54		15			41		
2	54		15			41		
3	54		15			41		SI 8:25A
4	56		11			43		SI
5	58		8			45		SI
6	60		8			47		SI opened 2:00P
7	58		10	-	-	45		
8	55		14	-	-	42		
9	55		14	-	-	42		
10	55		14	-	-	42		BP nowtr
11	54		14	-	-	41		
12	54		14	-	-	41		
13	54		12	-	-	41		
14	54		13			41		
15	53		13			40		
16	53		13			40		
17	53		13			40		
18	53		13			40		
19	53		13			40		
20	53		13			40		
21	52		13			39		
22	52		13			39		BP no WTR
23	52		13			39		
24	51		13			38		
25	51		13			38		
26	51		13			38		
27	51		13			38		
28	51		13			38		
29	51		13			38		
30	51		13			38		
31								

Totals

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Monthly Gauge Sheet

Well Name: Toplift 2-34 ✓

Pumper: IRS

Month 5/06

Day	Static	Diff	MCF	Wtr	TP	CP	SPM Cycle	Remarks
1	51		13	~	-	38		
2	51		13	-	-	38		
3	50		13	-	-	37		
4	50		13	-	-	37		
5	50		12			37		
6	50		12	-	-	37		
7	50		13			37		
8	50		13	-	-	37		
9	50		12	-	-	37		
10	50		13	-	-	37		
11	50		13	-	-	37		
12	50		12	-	-	37		BP
13	50		12	-	-	37		
14	49		12	-	-	36		
15	49		12	-	-	36		
16	49		12	-	-	36		
17	49		12	-	-	36		
18	49		12	-	-	36		
19	49		12	-	-	36		
20	49		12	-	-	36		
21	49		12	-	-	36		
22	49		12			36		
23	48		12			35		
24	48		12			35		
25	48		12	-	-	35		
26	48		12			35		
27	48		12			35		
28	48		12	-	-	35		
29	48		12	-	-	35		
30	47		12			34		
31	47		12			34		

Totals

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