KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				((See Instruc	tions on Rev	verse Side	<i>')</i>				
= :	en Flow			Test Date					No. 15			
	liverabilty	<i></i>	,	08/06/2	010			15-	071-20858-0			
Company Cimarex	Company Cimarex Energy Co.				Lease Byerly						Well Number No. 1-R	
County Location Greeley N2, N2, SW			Section 2		TWP 18S			RNG (E/W) 40W		Acres Attributed		
Field Byerly			Reservoi Towand	r da / Ft. Rile	ey .	Gas Gathering Conn DCP Midstream		ection	-			
•	Completion Date 06/25/2007			Plug Bac 3052	k Total Dep	th	Packer Set at NA		Set at		<u> </u>	
Casing Size Weight 10.5			Internal (Internal Diameter		Set at 3042		rations 2	то . 2960			
Tubing Siz	oing Size Weight		Internal I	Internal Diameter		Set at 2998		rations	То			
Type Com Single	pletion (Type Flui Salt W	id Productio			Pump Unit or Traveling Pumping unit		g Plunger? Yes / No		
Producing		Annulus / Tubir	ng)		Carbon Diox	ide				Gas Gravity - G _g		
Annulus Vertical De					Pres	sure Taps	· * :)			(Meter F	Run) (Prover) Size	
D	n.ast	Shut in 08	/05	n 10 1	0:00	(AM) (PM)	Talsa 08	3/06	00	10 at 10:00	(AM) (PM)	
Pressure I	•									at		
		·			OBSERVE	D SURFACI	E DATA			Duration of Shut-	in 24 Hours	
Static / Dynamic	Orifice Size	Circle one: Meter	Differential	Flowing Temperature	Well Head	Casing Wellhead Pressure		Tubing Wellhead Pressure		Duration	Liquid Produced	
Property	(inches	Prover Press psig (Pm)		t	t	(P _w) or (P	psia	(P _w) o	r (P _t) or (P _c) psia	(Hours)	(Barrels)	
Shut-In						22						
Flow												
•					FLOW STE	REAM ATTR	BUTES	-				
Plate Coeffiecie (F _b) (F _p Mcfd	ent ,) /	Circle one: Meter or Prover Pressure psia	Press Extension √ P _m x h	Extension Fac		Flowing Temperature Factor F _{rt}	Fa	iation ctor : pv	Metered Flow R (Mcfd)	GOR (Cubic Fed Barrel)	Flowing Fluid Gravity G _m	
(D \2		, /D \2		•	• •	/ERABILITY % (F) CALCUL ² c - 14.4) +			(P _a) ² (P _d) ²	² = 0.207	
(P _c) ² =	 -	: (P _w) ² :	Choose formula 1 or 2	1		1	ssure Curve	1	 	(1 d)	Open Flow	
(P _c)² - (P or (P _c)² - (P		(P _c) ² - (P _w) ²	 P_c² - P_s² P_c² - P_d² divided by: P_c² - P_d 	formula 2. P _c ² -P _d 1. or 2. and divide		Slope = "n" or Assigned Standard Slope		. пх	LOG	Antilog	Deliverability Equals R x Antilog (Mcfd)	
			divided by. 1 c 1 w		<u> </u>						RECEI	
											NOV 2 9	
Open Flov	N		Mcfd @ 14	.65 psia		Deliverab	ility			Mcfd @ 14.65 psi	a	
		ned authority,	on behalf of the	Company,	states that h	ne is duly au	uthorized t	o make ti	ne above repo	rt and that he ha		
he facts st	tated the	rein, and that s	said report is tru	e and correc	ct. Executed	this the 2	4	day of N	lovember	-	, 20 10	
						(Lm	ares	الرقح برير	Elian	رث	
	_	Witness	(if any)			2			For C	Company (
		50	mission			-			Chec	cked by		

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 Cimarex Energy Co. 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 Byerly No. 1-R gas well on the grounds that said well: (Check one) is a coalbed methane producer is a cycled on plunger lift due to water is a source of natural gas for injection into an oil reservoir undergoing ER is not capable of producing at a daily rate in excess of 250 mct/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. Signature: Administrative Assistant NOV 2 9 21		
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Signature: Melissa Imple RECEIVE		ion
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Signature: Administrative Assistant		
Title: Administrative Assistant	Date: _11/24/2010	
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NOV 2 9 21	Title Administrative Assistant	
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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.