

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:

(See Instructions on Reverse Side)

- Open Flow
 Deliverability

Test Date:
4-26-2006

API No. 15
181-20399-00 **W**

Company Rosewood Resources		Lease Armstrong		Well Number 41-12	
County Sherman	Location NENE	Section 12	TWP 9S	RNG (E/W) 40E	Acres Attributed 80
Field Goodland		Reservoir Niobrara	Gas Gathering Connection Branch Systems Inc.		
Completion Date 2/18/2006		Plug Back Total Depth 1191'		Packer Set at	
Casing Size 2 7/8"	Weight 6.5#	Internal Diameter 2.441	Set at 1191'	Perforations 928'	To 960'
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 Flowing	
Producing Thru (Annulus / Tubing) Annulus		% Carbon Dioxide		% Nitrogen	
Vertical Depth(H) 960'		Pressure Taps Flange		Gas Gravity - G _g .6	
				(Meter Run) (Prover) Size 2"	

Pressure Buildup: Shut in _____ 20 _____ at _____ (AM) (PM) Taken _____ 20 _____ at _____ (AM) (PM)
Well on Line: Started 4-26- 20 06 at 4:45 (AM) (PM) Taken 4-27 20 06 at 4:45 (AM) (PM)

OBSERVED SURFACE DATA

Duration of Shut-in 24 Hours

Static / Dynamic Property	Orifice Size (inches)	Circle one: Meter or 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											
Flow						SHOULD GO IN THIS SPACE <u>52</u>	66.65			24	0

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _b) (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 _{tt}	Deviation Factor F _{pv}	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _n
						14		

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

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

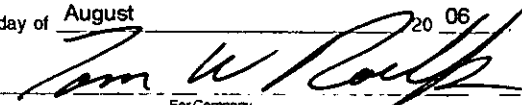
(P _o) ² - (P _w) ² or (P _o) ² - (P _d) ²	(P _o) ² - (P _w) ²	Choose formula 1 or 2: 1. P _o ² - P _d ² 2. P _o ² - P _w ² divided by: P _o ² - P _w ²	LOG of formula 1. or 2. and divide by: $\frac{P_o^2 - P_w^2}{P_o^2 - P_w^2}$	Backpressure Curve Slope = "n" ----- or ----- Assigned Standard Slope	n x LOG []	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 25 day of August 20 06

Witness (if any)

For Commission



For Company

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 Armstrong 41-12 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: 8/25/2006

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: Armstrong 91/12

Pumper: JR Services

Month 9/06

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								
18								
19								
20								
21								
22								
23								
24								
25								
26	52		14					First Gas 4:45pm
27	56		8			43		11 Flow
28	53		11			40		
29	51		10			38		
30	49		10			36		
31								
Totals								

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Monthly Gauge Sheet

Well Name: Armstrong 41-12 ✓

Pumper: _____

Month 5/06

Day	Static	Diff	MCF	Wtr	TP	CP	SPM Cycle	Remarks
1	48		9	—	—	35		
2	47		9	—	—	34		
3	46		8	—	—	33		
4	45		8	—	—	32		
5	44		8	—	—	31		
6	44		8	—	—	31		
7	44		9	—	—	31		
8	43		7	—	—	30		
9	43		7	—	—	30		
10	42		7	—	—	29		
11	41		7	—	—	28		
12	41		7	—	—	28		
13	41		7	—	—	28		BP no wtr
14	40		7	—	—	27		
15	40		7	—	—	27		
16	39		7	—	—	26		
17	39		7	—	—	26		
18	38		7	—	—	25		
19	39		6	—	—	26		
20	38		6	—	—	25		
21	38		6	—	—	25		
22	38		6	—	—	25		
23	37		6			24		
24	37		6			24		
25	37		6			24		
26	36		6			23		
27	36		5			23		
28	36		6	—	—	23		
29	28		10	—	—	15		
30	27		10			14		
31	23		8			10		
Totals								

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Well Name: Armstrong 41-12

Pumper: _____

Month 6/06

Day	Static	Min	Max	PM	Remarks
1	27				
2	27				
3	27				
4	27				
5	27				
6	26				
7	26				
8	26				
9	26				
10	28				CD 1 1/2 hrs
11	26				
12	26				
13	26				
14	26				
15	26				
16	26				
17	26				
18	25				
19	25				BP no wtr
20	25				
21	25				
22	24				
23	24				
24	24				
25	24				
26	24				
27	24				BP
28	24				
29	23				
30	23				
31					

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