KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:	_			(See Instruc	tions on Rev	erse Side)				_	
or	en Flow			Test Date: 12-11-02				API	API No. 15 -103-21, 0910000				
De	liverabil	y Press	sure		- 12 11					21,0010-	· ·	<u> </u>	
Company		Resource	es. Inc.			Lease Gruende	- 1				Well Nu #3	ımber	
County Location				Section 12		TWP		RNG (E/W)		Acres Attributed			
Field	/enwo.	- N	/2,S/2,NE	Reservo	ir	10S		22E Gas Gatt	nering Conne		40		
Fair	moun	t	· · ·	McLou				COG Transmi		sion Corpo	rati	on	
Completion Date 12/24/88				Plug Bac 1192'	k Total Depti	า 		Packer Set at					
Casing Size Weight 4 1/2" 10.5#				Internal Diameter		Set at 1192'		Perto	rations]	1092' - 1100'			
Tubing Size Weight 2 3/8" 4.7#				Internal (Internal Diameter		Set at 1080 '		rations	То			
Type Completion (Describe) Gas					id Production (Nil)	Pump Unit or Tyg Pump		it or Tygyydian	DENOMINE Yes /	9Øc			
	Thru (A	Annulus / Tubin	g)	% Carbon Dioxide Nil				% Nitroge Nil	en .	Gas Gravity - G			
Vertical D			· .		Press	ure Taps			··	(Meter F	Run) (Q	gyey) Size	
							1	2-11	300				
Pressure	Bulldup:		<u> 12–10 </u>) <u>2</u> at 8:1		(АМ) (МРТ)	
Well on L	ine:	Started	1	9at		(AM) (PM)	Taken		19	at	(AM) (PM)	
					OBSERVE	D SURFACE	DATA	···		Duration of Shut-	in	24 Hours	
Static / Dynamic Property	Orifice Size inches	Prover Pres	Differential	al Temperature Tempera		ture Wellhead Pressure (P ₂) or (P ₃) or (P ₄)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c)				d Produced Barrels)	
Shut-In						psig 20	psia ——	psig ——	psia	24	 		
Flow	•											·············	
				•	FLOW STR	EAM ATTRI	BUTES		•				
Plate Coeffiect (F _b) (F _b Mcfd	ent ,)	Circle one: Meter or Prover Pressure psia	Press Extension √ P _m x H _w	Gravity Factor F		Flowing femperature Factor F ₁₁	ture Factor		Metered Flow R (Mcfd)		(Cubic Feet/		
(P _c)² =		: (P _w)²	= :	(OPEN FL		ERABILITY)	CALCUL - 14.4) +		:	(P _a)	² = 0.2 ² =	07	
(P _e)*- (F or (P _e)*- (F		(P ₄)*- (P ₂)*	Choose formule 1 or 2 1. P2-P2 2. P2-P2 divided by: P2-P	LOG of formula 1. or 2.	LOG of formuta 1. or 2. and divide p 2 . p 2		Backpressure Curve Slope = "n"		og [Antilog	Og Dei	pen Flow iverability s A x Antilog Mcfd	
						<u> </u>				······································			
Open Flov	7		Mcfd @ 14.6	55 psia		Deliverabilit	ty	•	1	Mcfd @ 14.65 psia	9		
	_		n behalf of the C			duly authori 20th	zed to ma day of		Decemb	that he has know	-	of the facts 192	
		Witness	(if any)			-	Dec	U.		Company			
		For Con	amission.			_	PIE	esiden		rhad bu			

exemp and th the be tion an	declare under penalty or perjury under the laws of the state of Kansas that I am authorized to request of status under Rule K.A.R. 82-3-304 on behalf of the operator Monument Resources, Inc. at the foregoing information and statements contained on this application form are true and correct to st of my knowledge and belief based upon gas production records and records of equipment installated/or of type completion or upon use of the gas well herein named. Belief on the grounds that said well:
Date:	(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. x is incapable of producing at a daily rate in excess of 150 mcf/D December 20, 2002
	Signature: <u>Oll Fourt</u> Title: <u>President</u>

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.