15-007-10290-0000 Form G-2 (Rev. 7/03)

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:			((See Instruc	tions on Re	verse Side	9)					
Open Flow Deliverability					Test Date: API N 11-8&9,2010					1-10,250-0	000		
Company HERMAN L. LOEB LLC					Lease MAGNISON				Well Number #1				
County Location BARBER C NE NW				Section 14		TWP 33S		RNG (E/W) 13W			Acres Attrib		
Fleid MEDICINE LODGE					Reservoir MISSISSIPPI				Gas Gathering Connection ONEOK FIELD SVCS.				
Completion Date 12-17-36				Plug Back Total Depth 4553				Packer Set at NONE					
Casing S 7.000	ilze	Weig 24.00		Internal Diameter 6.336		Set at 4502		Perforations 4502		To 45	53		
Tubing Size Weight				Internal I	Diameter	Set at		Perforations		То			
Type Completion (Describe) SINGLE					Type Fluid Production GAS,COND. WATER				Pump Unit or Traveling Plunger? Yes / No FLOWING				
Producing CASING	•	(Annulus / Tubin	eg)	% C	Carbon Dloxi	de		% Nitroge	n	Ga	s Gravity -	G,	
Vertical Depth(H) 4527					Pressure Taps						(Meter Run) (Prover) Size		
Pressure	Buildup	: Shut in 11-	-8-10 ₂	0 at		(AM) (PM)	Taken_11	I- 9 -10	20	at		(AM) (PM)	
Well on L	ine:	Started	26	at		(AM) (PM) Taken		20		at		(AM) (PM)	
					OBSERVE	D SURFAC	E DATA			Duration of S	Shut-in	Hour	
Static / Dynamic Property	Orific Size (Inche	Meler Prover Press	Pressure Differential in Inches H ₂ 0	Flowing Well Ho Temperature Tempera		I Walihaad Praceura		Tubing Wellhead Pressure (P _u) or (P _c) psig psia		Ouration (Hours)	1 -	Liquid Produced (Barrels)	
Shut-in			•			78		parg	bere	24			
Flow					_			<u> </u>					
		Circle one:			FLOW STR	-	IBUTES	1					
Plate Coefficient (F _b) (F _p) Mctd		Meter or Extension Prover Pressure psia Press Extension P _m x h		Gravity Factor F _a		emperature Fac		lation Matered Flow ctor R pv (Mctd)		(Cub	GOR ic Feet/ arrel)	Flowing Fluid Gravity G	
(P _c) ² =		: (P _m) ² =	. :	(OPEN FLO	OW) (DELIV) CALCUL 2 - 14.4) +		:		(P ₁) ² = 0.2	207	
(P _e)²- (F or (P _e)²- (F	•	(P _c) ² - (P _w) ²	Choose formuls: 1 or 2: 1. P _a ² - P _a ² 2. P _a ² - P _d ² divided by: P _a ² - P _w ²	LOG of formula 1. or 2. and divide by:	P.2- P.2	Backpressur Slope =or Assign Standard		n x L	rog	Antilog	O De Equal:	Open Flow Deliverability Equals R x Antilog (Mcfd)	
					· • · · · · · · · · · · · · · · · · · ·		<u> </u>						
Open Flor	w		Mcfd @ 14.6	55 psia		Deliverab	ility			Mcfd @ 14.65	5 psia		
			n behalf of the						above repo			viedge of 20 10	
		Witness (if any)			-		shi	KI CALLE	company	RF	CEIVEL	
		For Comm	nission			-			Chec	ked by			
											NOV	' 2 9 20	

KCC WICHITA

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 HERMAN L. LOEB LLC. 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 MAGNISON #1 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: 11-24-10 Signature: Les Lie V. Olchem
Title: REP. HERMAN L. LOEB LLC

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.