15-007-10333-0000 Form G-2 (Rev. 703)

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:			((See Instruct	tions on Re	verse Side	9)					
Op	en Flow	v		Test Date	a•			AD	INO 15 - 454	-10.000			
De	liverabil	lty			£29,2010		.	AP		-10,833-0000			
Company HERMAN L. LOEB LLC					Lease ANGELL				B #1 Well Number				
County Location BARBER C SE/4				Section 30				RNG (E/W) 13W			Acres Attributed		
Field MEDICINE LODGE					Reservoir MISSISSIPPI				Gas Gathering Connection AMERICAN PIPELINE COMPANY				
Completion Date 4-19-46			Plug Bac 4913	Plug Back Total Depth 4913				Packer Set at NONE					
Casing Size Weight 7.000 24.000			Internal I 6.336	Internal Diameter Set at 6.336 5343			Perfo 48 4	orations 7	To 4878	To 4878			
Tubing Size Weight 2.375 4.70			Internal I 1.995	Internal Diameter Set at 1.995 4831			Perfo	orations EN	То	То			
Type Completion (Describe) SINGLE					Type Fluid Production GAS,OIL,WATER				Pump Unit or Traveling Plunger? Yes / No PUMPING				
Producing	-	(Annulus / Tub	ing)	% C	Carbon Dioxid	de		% Nitro	jen	Gas G	iravity - G		
Vertical E	<u> </u>)	. •		Press	sure Taps				(Meter	Run) (Pro	ver) Size	
Pressure	Buildup	: Shut in	0-28-10	20 at		(AM) (PM)	Taken_10	-29-10	20	at	(AI	M) (PM)	
Well on L	lne:	Started	Started 20		at (PM) Taken		20 at		(AM) (PM)		
					OBSERVE	D SURFAC	E DATA			Duration of Shut	t-in	Hou	
Static / Orifice lynamic Size troperty (inches)		Prover Pres	Differential in	Temperature	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)		
Shut-in		psig (Pr	n) Inches H ₂ 0	'	`	_{рвід} 36	psia	psig	psia	24			
Flow													
					FLOW STR	EAM ATTR	IBUTES			 	L.·		
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia	Press Extension P _m xh	Grav Fact	tor Temperature		Fac	Deviation Motore Factor I F _{py} (Mi		v GOR (Cubic F Barrel	001/	Flowing Fluid Gravity G	
		- . 		(OPEN FL	DW) (DELIVE	ERABILITY) CALCUL	ATIONS) ² = 0.207		
c)2 =	· ·,		%	% (P _c - 14.4) + 1			<u> </u>	(P _d) ² =					
(P _e) ² - (F or (P _e) ² - (F	- 1	(P _e) ² - (P _w) ²	2. P _e ² -P _e ² divided by: P _e ² -P _e ²	1. P _c ² -P _a ² LOG of formula 2. P _c ² -P _d ² 1. or 2. and divide		Backpressure Curve Slope = "n" Assigned Standard Slope		пх	rog	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)		
Open Flor	<u> </u>		Mcfd @ 14	I.65 psia		Deliverab	ilitv			Mcfd @ 14.65 ps	lla.		
	ındersia	ned authority.	· · · · · · · · · · · · · · · · · · ·		tates that he			make th		rt and that he h		ine of	
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		erein, and that	said report is tru	e and correct	t. Executed t	this the <u>&</u>) (ay or	0. 21 4	110	, 20		
		·	said report is tru	e and correct	t. Executed	this the <u>4</u>		Sos -	li N. C	Wham		CEIVI	

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 ANGELL B *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: 11-23-10 Signature: Signature: 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.