

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:

- Open Flow
 Deliverability

(See Instructions on Reverse Side)

Test Date:
11-9&10,2010

API No. 15 - 007-20150-0000
NA

Company HERMAN L. LOEB LLC		Lease BEUNK GRAVES		Well Number A1-19	
County BARBER	Location CSW NW	Section 19	TWP 34S	RNG (E/W) 13W	Acres Attributed
Field AETNA	Reservoir MISSISSIPPI	Gas Gathering Connection ONEOK FIELD SVCS.			
Completion Date 6-10-70	Plug Back Total Depth 4730	Packer Set at NONE			
Casing Size 5.500	Weight 15.50	Internal Diameter 4.950	Set at 4767	Perforations 4692	To 4704
Tubing Size 2.375	Weight 4.70	Internal Diameter 1.995	Set at 4675	Perforations OPEN	To
Type Completion (Describe) SINGLE	Type Fluid Production GAS, WATER	Pump Unit or Traveling Plunger? Yes / No PUMPING			
Producing Thru (Annulus / Tubing) ANNULUS	% Carbon Dioxide	% Nitrogen	Gas Gravity - G _g		
Vertical Depth(H) 4696	Pressure Taps	(Meter Run) (Prover) Size			
Pressure Buildup: Shut in 11-9-10 at _____ (AM) (PM) Taken 11-10-10 at _____ (AM) (PM)					
Well on Line: Started _____ 20 at _____ (AM) (PM) Taken _____ 20 at _____ (AM) (PM)					

OBSERVED SURFACE DATA

Duration of Shut-in _____ 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 _c)		Tubing Wellhead Pressure (P _w) or (P _i) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-in						100				24	
Flow											

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _p) (F _s) 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 (Mcf/d)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _m

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_a)² = 0.207
(P_d)² = _____

(P _c) ² = _____	(P _w) ² = _____	P _d = _____ %	(P _c - 14.4) + 14.4 = _____				
(P _c) ² - (P _a) ² or (P _c) ² - (P _d) ²	(P _c) ² - (P _w) ²	Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _w ²	LOG of formula 1. or 2. and divide by: P _c ² - P _w ²	Backpressure Curve Slope = "n" or Assigned Standard Slope	n x LOG []	Antilog	Open Flow Deliverability Equals R x Antilog (Mcf/d)

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 14TH day of NOVEMBER, 20 10

Witness (if any)

Jessie H. Oldham
For Company

For Commission

Checked by

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NOV 16 2010

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.

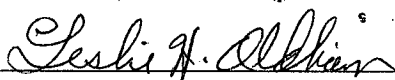
I hereby request a one-year exemption from open flow testing for the GRAVES A1 -19 gas well on the grounds that said well:

(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: 11-14-10

Signature: 

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.

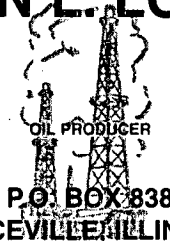
At some point during the current calendar year, wellhead shut-in pressure shall have been measured after a minimum of 24 hours shut-in/buildup time and shall be reported on the front side of this form under **OBSERVED SURFACE DATA**. Shut-in pressure shall thereafter be reported yearly in the same manner 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.

HERMAN L. LOEB LLC

OFFICE TELEPHONE:
(618) 943-2227

FAX:
(618) 943-2220



LAWRENCEVILLE, ILLINOIS 62439

November 23, 2010

Jim Hemmen
Kansas Corporation Commission
Conservation Division – Legal Department
Finney State Office Bldg
130 S Market Room 2078
Wichita KS 67202-3802

RE: Les Oldham's Signature Authority for KCC Forms

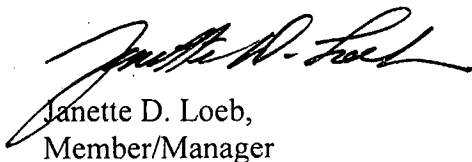
Mr. Hemmen:

The management/directors of Herman L. Loeb, LLC hereby notifies the Conservation Division of the Kansas Corporation Commission that Mr. Les Oldham, as agent for Herman L. Loeb LLC can affix his signature to any and all KCC forms having to do with Herman L. Loeb LLC's gas/oil operations in Kansas and said signature will have the same binding authority upon the company as if an employee of or an officer in the company signed the form.

This authorization will remain in effect until you are otherwise notified.

Sincerely,

HERMAN L. LOEB LLC



Janette D. Loeb,
Member/Manager

cc: Les Oldham

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