

KANSAS CORPORATION COMMISSION

Form G-2
(Rev. 7/03)

ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test: ANNUAL

Open Flow

Test Date: 8/8/2010

API No. 15 - 175-22057-0000

Deliverability

Company EOG RESOURCES, INC.		Lease MCQUILLEN TRUST		Well Number 19 #1	
County SEWARD	Location E/2 E/2 W/2 SW	Section 19	TWP 34S	RNG (EW) 33W	Acres Attributed
Field		Reservoir CHESTER	Gas Gathering Connection DCP MIDSTREAM, INC.		
Completion Date 10/6/06		Plug Back Total Depth 6506'	Packer Set at N/A		
Casing Size 4 1/2	Weight 10.5#	Internal Diameter 4.052	Set at 6599'	Perforations 6201'	To 6237'
Tubing Size 2 3/8	Weight 4.7#	Internal Diameter 1.995	Set at 6169'	Perforations	To
Type Completion (Describe) SINGLE	Type Fluid Production CONDENSATE & WATER		Pump Unit or Traveling Plunger? X Yes / No Pumping Unit		
Producing Thru (Annulus / Tubing) TUBING	% Carbon Dioxide	% Nitrogen	Gas Gravity-G _g		

Vertical Depth (H) Pressure Taps (Meter Run) (Prover) Size

Pressure Buildup: Shut in 8/7 2010 at 6:00 AM taken 8/8 2010 at 6:00 PM

Well on Line: Started _____ 20____ at _____ taken _____ 20____ at _____

OBSERVED SURFACE DATA

Duration of Shut-in 24 Hours

Static/Dynamic Property	Orifice Size Inches	Circle One Meter or Prover Pressure psig	Pressure Differential in (h) Inches H O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w or (P _c)(P _e))		Tubing Wellhead Pressure (P _w or (P _c)(P _e))		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-in						107		104		24	
Flow											

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _b)(F _d) Mcfd	Circle One Meter or Prover Pressure psig	Press Extension $\sqrt{\frac{P_c \times h_w}{14.4}}$	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _{pv}	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _m

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_c)² _____; (P_w)² _____; P_d = _____ % (P_c - 14.4) + 14.4 = _____; (P_b)² 0.207; (P_e)² _____

(P _c) ² (P _b) ² or (P _c) ² (P _d) ²	(P _e) ² - (P _w) ²	Choose formula 1 or 2: 1. P _c ² - P _b 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 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 9TH day of DECEMBER, 2010

Witness (if any)

For Commission

Diana Thompson
For Company
RECEIVED
DEC 15 2010

Checked by

KCG-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 EOG 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 MCQUILLEN TRUST 19 #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: 12/9/2010

Signature: *Diana Thompson*
DIANA THOMPSON

Title SR. OPERATIONS ASSISTANT

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 for annual test results.