KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:	ANNUAL												
Open	Flow		Tes	st Date: 12	2/14/201	0			A	PI No. 15 - 025	-21286-	0000	
Delive	erability												
Company						Lease					Well I	Number	
EOG Re	sources	, Inc.				GARI	DINER				14	#1	
County Location			Section	Section TWP				RNG (E/W)			Acres Attributed		
CLARK		C SW S	5W	14	34			24W					
Field R			Reser	Reservoir				Gas Gathering Connection					
WILDCA	T				SIER				DU	KE ENERGY I	TELD S	ERVICES	
			Plug B	Plug Back Total Depth				Packer Set at					
		5794	5794'			N/A							
Casing Size	-			al Diameter	Set at			Perforation					
4 1/2			4.052			5896¹		5459'					
Tubing Size Weight				al Diameter		Set at		Perforation	ns To				
			1.995										
Type Comp	oletion (Des	scribe)			Fluid Product			Pump l	Jnit or Travelii		X Yes /	No	
Producing TUBING		ilus / Tubing) NG		% Car	bon Dioxide			% Nitro	gen	Gas G	ravity-G _g		
Vertical Depth (H)					Pressure Taps					(Meter	Run) (Prov	er) Size	
Pressure B	uildup:	Shut in	13		20_1	0_ at _6:0	0_ A\	1 take	n <u>12</u> /	/14 20 1	LO at 6	::00 AM	
Well on Lin	e:	Started			20	at	_	take	n	20	at	<u> </u>	
				<u>-</u>	OBSERVE	ED SURFAC	E DATA	Α		Duration	of Shut-in	Hou	
Statist California		Circle One			Flowing Well Head		Casing Wellhead Pressure		Tubing Wellhead Pressure		Duration	Liquid Produced	
Static/ Dynamic Property	Orifice Meter or Size Prover Pressure psig		Differential in (h) inches H O		Temperature t	(P _W)or (P _t)(P _c)	sia		(P _L)(P _C)	(Hours)	(Barrels)	
Shut-in	,					300			5	Pola	24		
Flow	<u> </u>				FLOW ST	REAM ATTE	IBLITE	:s		<u> </u>	<u> </u>		
Pla Coeffic (F _b)(Mo	cient	Circle One Meter or Prover Pressure psig	Meter or Extension				Flowing Temperature Factor		eviation Factor F pv	Metered Flow R (Mcfd)	GOR (Cubic Fee Barrel)	Flowing Fluid Gravity G _m	
1900		· · · · · · · · · · · · · · · · · · ·		"			TH.					- m	
			(0)	DEN ELO	MAN /DEL D/	ERABILITY)	CALC	II ATI	ONS				
(P _c) ² =		; (P _w) ² =		LIVIEO					J113		(P _a) ² = 0.2	207	
"c'		; 'w'-	T		Pd =	% (I	군 - 14.4)	+ 14.4 =	-	 ;	(Pd) 2 _		
(P) ² (P) ² (P) ² (P) ²		2 (Rc) - (P) _w ²) - (P) ² 2. p ² - p ²		LOG of formula 1, or 2 and divide by:	Sid 2 D 2 As	Backpressure Curve Slope = "n" or Assigned Standard Slope		x LOG Antild		Open Flow Deliverability Equals R x Antilog Mcfd		
					-7.	Old II	- Clap						
Open Flow Mcfd @ 14.65			14 65	nsia Dei			alivers	iverability			Mcfd @ 14.65 psia		
		innedth!t -				والمساملة مراجعة			•				
		signed authority, o at said report is tr		-	ed this the	17TH				port and that he CEMBER	/	, 20 <u>10</u>	
Witness (if any)					RECEIVED DEC 2 0 2010 —				DIWI	DIAMA Thompson			
											· /·		
	For	Commission			K	CC WIC	HITA	4		Checked	оу		

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.
hereby request a one-year exemption from open flow testing for the
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.
x 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.
Data. as tall topics
Date:12/17/2010
\searrow . \angle
Signature: Mana Thompson
DIANA THOMPSON
Title SR. OPERATIONS ASSISTANT
title <u>SR. OPERATIONS ASSISTANT</u>

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.