

Kansas Corporation Commission
One Point Stabilized Open Flow or Deliverability Test
(See Instructions on Reverse Side)

Form O-3
(Rev. 7/03)

Type Test:

☐ Open Flow
☒ Deliverability

Test Date:

08/02/2011

API No.

15129216260001

Company OXY USA Inc		Lease SW NWSE COMMISSIONERS B 3		Well Number	
County Morton	Location 1830 FSL & 2013 FEL	Section 15	TWP 34S	RNG (E/W) 41W	Acres Attributed 640
Field UNASSIGNED		Reservoir WABAUNSEE		Gas Gathering Connection ONEOK FIELD SERVICES	
Completion Date 01/31/2008		Plug Back Total Depth 3,207'		Packer Set at	
Casing Size 4 1/2"	Weight 11.6#	Internal Diameter 4.000"	Set at 3,315'	Perforations 2,966'	To 3,103'
Tubing Size 2 3/8"	Weight 4.7#	Internal Diameter 1.995"	Set at 3,124'	Perforations	To
Type Completion (Describe) SINGLED-GAS		Type Fluid Production WATER		Pump Unit or Traveling Plunger? Yes - Beam Pump	Yes / No
Producing Thru (Annulus / Tubing) Annulus		% Carbon Dioxide 0.064%		% Nitrogen 16.317%	Gas Gravity - Gg 0.706
Vertical Depth (H) 3,035'		Pressure Taps Flange		(Meter Run) (Prover) Size 3.068"	
Pressure Buildup: Shut in 08/01 20 11 at 9:00		Taken 08/02 20 11 at 9:00			
Well on Line: Shut in _____ 20 _____ at _____		Taken _____ 20 _____ at _____			

OBSERVED SURFACE DATA

Duration of Shut-in **24** Hours

Static / Dynamic Property	Orifice Size (Inches)	Circle one: Meter Prover Pressure psig (Pm)	Pressure Differential in Inches H ₂ O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _c) or (P _i) or (P _o) psig psia	Tubing Wellhead Pressure (P _w) or (P _i) or (P _o) psig psia	Duration (Hours)	Liquid Produced (Barrels)
Shut-In						126.0	140.4	24	
Flow									

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _d) (F _o) Mcfd	Circle one: Meter or Prover Pressure psia	Press Extension P _m x h	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _p	Metered Flow R (Mcfd)	GOR (Cubic Feet/Barrel)	Flowing Fluid Gravity G _m

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_a)² = **0.207**

(P_c)² = _____ : (P_w)² = **0.0** : P_d = _____ % (P_c - 14.4) + 14.4 = _____ :

(P_d)² = **0**

(P _d) ² - (P _a) ² or (P _d) ² - (P _o) ²	(P _d) ² - (P _w) ²	Choose Formula 1 or 2: 1. P _a ² - P _w ² 2. P _o ² - P _w ² divided by: P _a ² - P _o ²	LOG of formula 1. or 2. and divide by:	P _a 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 **0** Mcfd @ 14.65 psia Deliverability **0** 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 **3** day of **August**, **2011**.

Witness

For Commission

For Company
David Ogden Oxy USA Inc.

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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 OXY USA 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 COMMISSIONERS B 3 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 a 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: August 3, 2011

Signature: David Ogden
OXY USA Inc. 
Title: Gas Business Coordinator

Instructions: If a gas well meets one of the eligibility criteria set out in the 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 31st 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.

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