Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test:					(Se	e in:	structions	on Reverse	e Side)						
	n Flow verability			Test Date:			07/28/2	2011			API No.	•	15189100	340	000
Company OXY USA	Inc					_	Lease JOSLIN I	B-2		-,			We	II Ni	ımber
County Stevens	,	SW X	ation) E	Se	ection 1		TW 31	/P 1 S			G (E/W) 9W		Acr		Attributed 10
Field PANOMA	,				servoir orrow					Gas BP	Gathering C	onnection	1		
Completior 02/01/197			-		ug Back 5,700'	Total	l Depth			Pac	ker Set at		•	•	
Casing Size 4 1/2"	8	Wei 9.5	_	Int	emal Dia 4.090"			Set at ,776'			Perforations 5,650'		To 5,67	2'	
Tubing Size 2 3/8"	Ð	Wei 4. 7	-		emal Dia 995''	amet	er	Set at 5,670 °			Perforations		То		
Type Comp SINGLE-0		escribe)		-	pe Fluid ATER	Prod	luction			Pun	np Unit or Tre Yes	veling Pl - Beam I			Yes / No
Producing	Thru (Ann Annulu :		ping)		% C		on Dioxide 107%)			litrogen 2.234%		Gas Gravit 0.61	•	3g
Vertical De 5,66°						F	Pressure 1 Flange							1) (P . 06 7	rover) Size
Pressure B	uildup:	Shut in_	07/2	7 20	11	et _	9:00		Taken		07/28	20 11	at 9:	00	
Vell on Lin	ie:	Shut in_		20	·	at _			Taken			20	at		
								SURFACE				ration of		24	Hours
Static / Dynamic	Orifice Size	, N	le one: leter Pressure	Pressure Differential in	Flowin	- 1	Well Head Temperature	Wallhead	sing d Pressure (P _e) or (P _e)		Tubin Walihead Pr (P _w) or (P _t)	essure	Duration		Liquid Produced
Property	(inches)		(Pm)	Inches H ₂ O			t	psig	psia		psig	psia	(Hours)	_	(Barrels)
Shut-In				r	1	_		211.0	225	4			24		
Flow		<u></u>		<u> </u>									ļ		
						FLO	W STRE	AM ATTRII	BUTES						
Plate Coefficient (F _b) (F _p) Mcfd	·	Zircle one: Meter or ver Pressure psia	Exte	ess nsion x h	Gravity Factor F _e		Flowing Temperatu Factor F _k	™ Fa	riation Ictor F _{pv}		Metered Flow R (Mcfd)		GOR Feet/Barrel)		Flowing Fluid Gravity G _m
						一									
				(C	PEN FL	OW)	(DELIVE	RABILITY)	CALC	JLA1	rions		(P,) ² =	0,207
P _e)² =	:	(P _w)	² = <u>0.0</u>	<u></u> ;	P _d =		%	(P _e - 1	4.4) + 1	4.4 =	·	_:	(Pa) ² =	0
(P _a) ² - (P _a) ² or	(P)	² - (P _w)²	Choose Form 1, P _e ² - 2, P _e ² -	P. ²	LOG of formula 1. or 2.	P _o ²	1. P _w 2	Backpressure Slope = "r or		nx	LOG	,	Antilog	6	Open Flow Deliverability quals R x Antilog
(PJ)2 - (PJ)	<u> </u>		divided by: I		nd divide by:			Assigned Standard Si						L	(Mcfd)
Open Flow			McI	14.85 p	sia		Deli	iverability			0	Mcfd @	14.65 psia		
he facts stated	d therein, and		-				this the	4 6	d to make ny of	the at	pove report and the Septe	et he hes kn Imber	owledge of	٠.	2011 .
							_				0)	(Y USA			
			Witness				_	_			David Og	For Compar Iden Ox	y USA Inc	:. (
	· · · · · · · · · · · · · · · · · · ·	For	Commission			_									

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and lease	records of equipment installation a	nd/or upon type of completion	nowledge and belief based on or upon use being made	•
said well:	I hereby request a one-year exempt	on from open flow	JOSLIN B-2	for the gas well on the grounds that
(Check	one)			
	is a coalbed methane producer			
	is cycled on plunger lift due to wat	er		
	is a source of natural gas for inject	tion into an oil reservoir und	ergoing ER	
	is on a vacuum at the present time	•		
V	is not capable of producing at a d	aily rate in excess of 250 mo	#/D	
	ner agree to supply to the best of my ate this claim for exemption from tes	• •	g documents deemed by Co	mmission staff as necessary to
ete:	September 13, 2011			
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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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David Ogden Mid-Continent Business Unit

Phone 713.350.4781 Fax 713.350.4873

September 14, 2011

Jim Hemmen Finney State Office Building 130 South Market Street, Room 2078 Wichita, Kansas 67202-3802

RE: Annual Well Tests

Dear Mr. Hemmen:

Enclosed you will find the corrected well tests for the following wells:

- Joslin B-2 Sec.1-31S-39W
- Posey A-2 Sec.24-33S-43W

Please let me know if you have any questions.

Regards,

David Ogden

Gas Business Coordinator

Mid-Continent Business Unit

Oxy USA Inc.

david_ogden@oxy.com

Enclosures:

2011 Form G-2

Cc:

Well Test File

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