KCC WICHITA

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t:				((See Instructions on Reverse Side)							
Open Flow				Test Date:				API No. 15					
De	eliveral	bilty				:: 3-2011				NO. 15 119-2019	0-00-00		
Company HERMAN L. LOEB, LLC.								Lease CORNELSON			Well Number #1		
County MEADE			Location C SW SW		Section 1		TWP 32S			V)	Acres Attributed		
Field ASHLA	ND:	S.	* 5 L		Reservoi MORR			1	Gas Gath	ering Conn	ection	* a-	
Completion 6-15-75		te			Plug Bac 5507	k Total De		* * * *	Packer Se NONE	et at		,	
Casing S 4.500	Size		Weigh 10.50		Internal I	Diameter	Set - 550	at	Perfor 5342		то 5346	Ł	
Tubing Si	ize		Weigh 4.70	it	Internal I 1.995	Diameter	Set 500		Perfor OPE		То		
Type Completion (Describe) SINGLE						Type Fluid Production GAS,WATER			Pump Unit or Traveling Plunger? Yes / No PUMPING				
Producing	~	(An	nulus / Tubin	g)	% C	% Carbon Dioxide			% Nitrogen Gas Gravity - G _g				
Vertical D	Depth(H)		`*		Pressure Taps				· • ,	(Meter	Run) (Prover) Size	
5344							•						
Pressure	Build	•	Shut in									(AM) (PM)	
Well on L	.ine:		Started	2	0 at		_ (AM) (PM)	Taken		20	at	(AM) (PM)	
						OBSERV	ED SURFAC	E DATA		· · · .	Duration of Shut	in 24 Hours	
Static /	Orifice		Circle one: Meter	Pressure Differential	Flowing	-Walla Boad	Wallhood Brocoure		Tubing Wellhead Pressure		Duration	Liquid Produced	
Dynamic Property	Si: (incl		Prover Presso psig (Pm)		Temperature t	C\$4	(P _w) or (F	(P_w) or (P_t) or (P_c)		(P,) or (P _c)	(Hours)	(Barrels)	
Shut-In	Shut-In		psig (Fill)	Inches H ₂ 0		325	psig	psia	psig	psia	24	****	
Flow				· · · · · · · · · · · · · · · · · · ·									
	L		I	<u> </u>		FLOW ST	REAM ATTR	IBUTES	1				
Plate			Circle one:	Press	Grav	rity	Flowing	Devi	iation	Metered Flor	w GOR	Flowing	
Coeffiec (F _b) (F		Pro	Meter or over Pressure	Extension	Fac	tor	Temperature Factor	emperature Fac		R	(Cubic Fe	Gravity	
Mcfd			psia	✓ P _m xh	F,	,	F,		pv	(Mcfd)	Barrel)	G _m	
1		L			(OPEN FL	OW) (DELI	VERABILITY) CALCUL	ATIONS		(D.)	2 0 207	
(P _c) ² =		:	(P _w) ² =	<u> </u>	P _d =			, P _c - 14.4) +		:	(P _a) (P _d)	1 ² = 0.207 1 ² =	
				Choose formula 1 or 2	:]	100 **		Backpressure Curve		Γ٦		Open Flow	
(P _c) ² - (P _a) ² or		(P _c) ² - (P _w) ²		1. P _c ² -P _s ²	LOG of formula		Slope = "n"		n x LOG		Antilog	Deliverability	
(P _c) ² - (P _d) ²				2. P _c ² -P _d ² divided by: P _c ² -P _d ²	1. or 2. and divide by:	P.2 - P.2				· [] [-	Equals R x Antilog (Mcfd)	
				divided by: 1 c 1 w		<u> </u>				-			
		<u> </u>			34				1			_	
				·					<u> </u>		,		
Open Flor	w		•	Mcfd @ 14.	65 psia	 	Deliverat	oility			Mcfd @ 14.65 ps	ia	
The t	unders	signe	d authority, o	n behalf of the	Company, s	tates that	he is duly a			-	ort and that he ha	as knowledge of	
the facts s	tated t	therei	n, and that sa	aid report is true	and correc		d this the 1	4TH	day of Oc	tober		, 20 11	
	•			·	••				Lesli	7. Ol	Their		
			Witness (i				_				Company	RECEIVED	
			For Comm	ission						Che	cked by	CT 17 2011	

	*	• • • • •		· ·
exempt status	under Rule K.A.R. 82-	3-304 on behalf of th	e operator HERM	sas that I am authorized to request AN L. LOEB , LLC. n this application form are true and
correct to the b	est of my knowledge	and belief based upon type of completion	on available produ or upon use being	ction summaries and lease records made of the gas well herein named.
	grounds that said we		w testing for the	
[[[I further aç	is a source of nat is on vacuum at th is not capable of	ger lift due to water ural gas for injection ne present time; KC oproducing at a daily est of my ability any	C approval Docket rate in excess of a	No
Date: <u>10-14-1</u>	1	٠١٠)	· (,	
		Signature: Title: _R	Leshi H EP. HERMAN L. L	L. Olehaur 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.