Form G-2 (Rov. 7/03)

KCC WICHITA

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Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test	t:				((See Instruct	tions on Re	werse Side	9)					
_ o	en Flor	W			Test Date	a•			ΔΡ	l No. 15				
De	liverab	ilty				19-2011				-1 56 -2097	7-00-00			
Company HERMAN L. LOEB, LLC.					Lease TONN				·			Well Number		
County RENO			Locat CSW	ion SW SE	Section 5		TWP 25S		RNG (E/W) 5W			Acres Attributed		
Field YODER SW				Reservoi MISSI	r SSIPPI				thering Conn NENERG					
Completion Date 3-15-84				Plug Back Total Depth 3595				Packer S NONE						
Casing Size 5.000			Weight 15.50		Internal Diameter 4.950		Set at 3595		Perforations 3467		то 3471	<u>_</u>		
Tubing Size 2.375			Weight 4.70		Internal Diameter 1.995		Set at 3502		Perforations OPEN		То			
Type Con SINGLE		n (De	escribe)			id Production VATER	1		Pump U PUMF	nit or Traveling PING	g Plunger? Ye	s / No		
Producing Thru (Annulus / Tubing) ANNULUS				% C	% Carbon Dioxide			% Nitrogen			Gas Gravity - G			
Vertical Depth(H) 3469				Pressure Taps						(Mete	r Run) (P	rover) Size		
Pressure	Buildu	p: ·	Shut in 4-1	18-11	20 at		(AM) (PM)	Taken_4-	19-11	20	at	((AM) (PM)	
Well on L	ine:		Started	2	.0 at		(AM) (PM)	Taken		20	at		(AM) (PM)	
						OBSERVE	D SURFAC	E DATA			Duration of Sho	_{ut-in} 24	Hours	
Static / Dynamic	ynamic Size		Circle one: Meter Prover Press	Differential	Flowing Temperature		perature (P) ~ (Wellha	Tubing ead Pressuro r (P,) or (P,)	Duration (Hours)		Liquid Produced (Barrels)	
Property (Inches)		es)	psig (Pm)	Inches H _s 0	1	1	psig	psda	psig	peia				
Shut-In							400		<u> </u>	_	24			
Flow														
						FLOW STR	EAM ATTR	UBUTES						
Plate Coefficient (F _b) (F _p) Mode		Pro	Circle one: Meter of over Pressure psia	Press Extension Pmxh	Grav Fac	tor T	or Temperature		Deviation Factor F _{gv}		w GO (Cubic Barre	Feet/	Flowing Fluid Gravity G	
P_)* =		:	(P_)² =	· • :	(OPEN FL	OW) (DELIV) CALCUL P _e - 14.4) +		:) ² = 0.2	:07	
(P _a) ² - (P _a) ² or (P _a) ² - (P _a) ²		(F)2- (P_)2	Choose formula 1 or: 1. P.*-P.* 2. P.*-P.* divided by: P.*-P.*	p 2 - p 2 LOG of formula 1 or 2.		Backpre Slop		7	roe	Antilog	Or Oet Equals	pen Flow liverability s R x Antilog (Mcfd)	
Open Flo	w ·			Mcfd @ 14	.65 psia		Deliverat	oility			Mcfd ② 14.65 g	esia		
		_		on behalf of the			-		_	he above repo SEPTEMBI	ert and that he		nedge of 20	
			Witness ((il any)		· · · · · · · · · · · · · · · · · · ·	-		Les	Ay A c	Company Company	RE	CEIVE	
<u> </u>	·		For Corns	mission			•		RECE	IVLD	cked by		19 20	
								0	ICT 1	3 - 2011				

	der penalty of perjury under the laws of the state of Kansas that I am authorized to request									
exempt status u	nder Rule K.A.R. 82-3-304 on behalf of the operator HERMAN L. LOEB, LLC.									
and that the for	egoing pressure information and statements contained on this application form are true and									
correct to the be	st 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										
	grounds that said well:									
(Chec	ck 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									
$\overline{\checkmark}$	is not capable of producing at a daily rate in excess of 250 mcf/D									
	ee to supply to the best of my ability any and all supporting documents deemed by Commission ry to corroborate this claim for exemption from testing.									
	~ 0.0									
	Signature: Leslie D. Olekser									
	Title: _REP. HERMAN L. 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.