Form G-2 (Rev. 7/03)

Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test:					(8	ee li	nstruction	1 5 0	n Reverse	Side)		•						
	en Flow verability			Test Dat	orte: 07/20/2011						API No.				15081216650000			
Company OXY USA	\ Inc		·				Lease DIADEN	N F	ARMS 5	·B15-3	30-3	2			_	Well	Number	
County Location Haskell 330' FNL & 1895' FEL				Section TW				P IS			RNG (E/W) 32W			Acres Attributed 640				
Field DIADEN				Reservoir Morrow					Gas Gathering Connection ONEOK FIELD SERV					s				
Completion 08/03/200					Plug Back 5,672'	Tota	al Depth				Pac	cker Set at						
Casing Size Weight 5 1/2" 15.5#				Internal Diameter 4.950"			Set at 5,672'			Perforations 5,313'				To 5,340'				
•								et at 5,298'				s		То				
Type Completion (Describe) SINGLE-GAS				Type Fluid Production WATER						Pump Unit or Traveling I No				Plunger? Yes / No				
Producing Thru (Annulus / Tubing) Tubing				% Carbon Dioxide 0.186%						% Nitrogen 14.214%				Gas Gravity - Gg 0.729				
Vertical De 5,327							Pressure Flang		ips					(M	eter	Run) (2.0€	Prover) Size	
Pressure B	luildup:	Shut in	07/1	9	20 11	at	9:00			Taken		07/20	20	11	at	9:00		
Well on Lin	ie:	Shut in			20	at				Taken			20		_ at		_	
						OE	SERVE	D SI	URFACE	DATA			Duration	of Sh	ut-in	24	4 Hours	
Static / Dynamic	Orifice Size	Me	Circle one: Press Meter Different Prover Pressure in					d	Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressu (P _w) or (P _t) or (P _t)		Pressure		Dur	ation	Liquid Produced	
Property Shut-In	(inches)	ches) psig (Pm) Inche		Inches H	H₂O t		t	Ŧ	psig 480.0			psig		psia (Hours) 474.4 24			(Barrels)	
Flow		T			_			╁		•	-			<u> </u>	_		 	
I					<u> </u>	FL	OW STRI	EAN	M ATTRIB	UTES		ļ l						
Plate Coefficient (F _b) (F _p) Mcfd	ficient Meter or Extension (F _p) Prover Pressure		nsion	Gravity Factor F _g		Flowing Temperature Factor F _{ft}		Deviation Factor F _P v		Metered Flow R (Mcfd)		(Cı	GOR (Cubic Feet/Barrel)		el)	Flowing Fluid Gravity G _m		
P _c) ² =	_ :	(P _w) ²	= 0.0	:	(OPEN FI	LOW) (DELIV! %		ABILITY) (P _e - 14				_ <u></u> :			(P _a) ² = (P _d) ² =		
(P _e) ² - (P _a) ² or (P _a) ² - (P _d) ²	P_{ϕ}) ² - $(P_{a})^{2}$ Or $(P_{c})^{2}$ - $(P_{w})^{2}$		1. P _e ² - 2. P _e ² -	Formula 1 or 2: 1. P _o ² - P _o ² 2. P _o ² - P _o ² ed by: P _o ² - P _w ²		LOG of formula 1. or 2. Pand dMde by:			Backpressure Curve Slope = "n" Or Assigned Standard Slope		nxLOG		-	Antilog			Open Flow Detiverability Equals R x Antilog (Mcfd)	
Open Flow		0	Mcf	d @ 14.6	5 psia		De	elive	erability				Mcfd	@ 14.	65 ps	sia	<u> </u>	
he facts stated							ates that he		aly authorized		the at	bove report and Octo		a knowle	egbe	of - '	2011	
		W	itness				<u>. </u>					David C	For Con	pany	-	Inc.		
		For Co	mmission										<i>y</i>	,			ECEIVED	

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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
(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 coπoborate this claim for exemption from testing.
Date: October 12, 2011
David Odden Signature: 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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