KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

ype Test: A	ANNUAL													
Open Flow Test Date				t Date: 8/	ate: 8/31/2011					AF	API No. 15 - 175-22096-0000			
Deliver	rability													
ompany							Lease					Well Nu	ımber	
EOG RESOURCES, INC.					ROZELLE					1 #2				
County Location SEWARD SE SW				Section TWP.					RNG (E/W) Acres Att				Attributed	
eld		JE JW		Reserv	oir		34				s Gathering Con	nection		
				LOWER MORROW					DCP MIDSTREAM, LP					
Completion Date				Plug Back Total Depth					Packer Set at					
8/31/07				6262' EST.					· N/A					
esing Size Weight			,	Internal Diameter						Perforation				
1/2			<u> </u>	4.052		6332'			5901' 592			4'		
ubing Size				Internal Diameter			Set at		Perforations To					
2 3/8 4.7# Type Completion (Describe)			1.995 5,871				Bum	n Hnit	or Travalin	a Plungor?	V Voc /	No		
ingle	etion (Des	cribe)			Type Fluid Production CONDENSATE AND WATER				Pump Unit or Traveling Plunger? X Yes / No					
SINGLE Producing Thru (Annulus / Tubing) TUBING & CASING				% Carbon Dioxide				% N	% Nitrogen Gas Gravi					
/ertical Depth (H)					Pressure Taps					(Meter Run) (Prover) Size				
ressure Bu	ildup:	Shut in _8/3	0		20 1	1 at	6:00	AM ta	aken	8/3	20 1	1 at 6:	00 AM	
Well on Line: Started				20 at				ta	taken 20 at					
					OBSERVE	ED SUF	RFACE DA	ATA			Duration	of Shut-in	24 Ho	
Static/ Dynamic	Orifice Size	Circle One Meter or Prover Pressure	Pressure Differential in (h)	Flowing Temperature	Well Head Temperature		Casing /ellhead Press (P _V)or (P _t)(P _C			Tubing Wellhead Pressure (P _W)or (P _t)(P _C)		Duration (Hours)	Liquid Produced (Barrels)	
Property	inches	psig	inches H O	<u> </u>	<u> </u>	psig		psia	······································		psia	1		
Shut-in						300			2	20		24		
Flow														
					FLOW ST	REAM	ATTRIBU	ITES						
Plate		Circle One	Press	Į Ciurny		Flowing			Deviation		Metered Flow	GOR	Flowing	
Coefficient		Meter or Prover Pressure	Extension	on Factor F		Temperature Factor			Factor F _{pv}		R (Mcfd)	(Cubic Feet Barrel)	Fluid Gravity	
(Ϝ _ϸ)(Ϝ _ϸ) Mcfd		psig	_ √P _m xh	√P _m xh w		A S	F _{ft}			V .	(IVICIU)	Barrer)	Gm	
			1											
												<u> </u>		
			(01	PEN FLO	W) (DELIV	ERABI	LITY) CAI	CULA	TION	S				
Pc) ² =		; (P _w) ² =		;	Pd =	9/	6 (P _c - 14	1.4) + 14.	4 =			(P _a) ² = 0.20 (P _d) ² =	7	
			Choose form			7	Backpressure	CUIVO		[]			en Flow	
(P) ² (P) ² c or a (P) ² (P) ² c d		2			LOG of formula	1	Slope = "r		n x LO	1 x LOG	A - 43-	Del	iverability	
		(Pc) - (P) 2	2. P ² c	2. P ² _c -P d 1, or 2 and divide			or Assigned Standard Sk			[[Antilog	Equals	Equals R x Antilog Mcfd	
<u> </u>	<u> </u>		aiviaea by: P	c-rw	by: LPc	- W -	Standard S	Slope		-	<u>' </u>			
		<u> </u>												
				\Box		T		Ī					-	
051			Nacia @	Infd @ 14.65 psia				Dollars	Deliverability Mcfd @ 14.65 psia					
Open Flo				<u> </u>			halia e sel					<u>_</u>		
		signed authority, of at said report is to					oTH	ea to m	ake the	ሰ ር፣	port and that he TOBER	nas knowled	Ge of the facts RECE! OCT 2 4	
													OCT 24	
	Witn	ess (if any)									For Con	npany	401 Z 4	
												i	<u> </u>	
	For	Commission								* * * *	Checke	d by	CC WIC	

I declare under penalty of perjury under the laws of the state exempt status under Rule K.A.R. 82-3-304 on behalf of the operator										
and that the foregoing pressure information and statements containe	d on this application form are true and correct									
to the best of my knowledge and belief based upon available pr	roduction summaries and lease records of									
equipment installation and/or upon type of completion or upon use be	eing made of the gas well herein named.									
hereby request a one-year exemption from open flow testing for the	ROZELLE 1 #2									
gas well on the grounds that said well:										
310 3										
(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 re	servoir undergoing ER									
is on vacuum at the present time; KCC approval D	Oocket No.									
X is not capable of producing at a daily rate in exces	ss of 250 mcf/D									
•										
1.5 and of any ability one and all or	the decimants deemed by Commission									
I further agree to supply to the best of my ability any and all su										
staff as necessary to corroborate this claim for exemption from testing	j .									
Date: _ 10/20/2011										
i de de	annan San									
	,									
Signature: DIANA THOM	PSON **									
Title SR. OPERAT	IONS ASSISTANT									

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 for annual test results.