KANSAS CORPORATION COMMISSION

ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Lease	pe Test: ANNUA	L										
Service Service Service GARDINER GARDINER 26 ## Vivol Number 27 Acres Attributed Nat Service S	Open Flow		Test D	Date: 8/31/2011			AF	Pl No. 15 - 025	-21262-(00-00		
RESOURCES NR.	Deliverability											
Serion Serion TWP RNG (EVN) Acres Attributed Acres Attributed SE NE NE NE 26 345 24M Constitution of Serion Constitution C	mpany	C. TNC				TNED						
DCAT	inty						RN					
DCAT CHESTER DC MIDSTERAM LP Relation Data Plug Back Yold Depth Springer Set at Perforations To 15/04 (RECOMP) 5/68: NONE 2 10.5# 4.052" 5680" 5478 5756	<u>.ark</u>			26	6 34S		24W					
Percent Set at Perc	d UDCAT											
Solve Weight Internal Diameter Set at Perforations To 2 10.5# 4.052" 5680" 5478" 5756" 910.5# 4.052" 5680" 5478" 5756 910.5# 4.052" 5680" 5478" 5756 910.5# 4.052" 5680" 5478 5756 910.5# 4.052" 5680" 5478 5756 910.5# 4.052" 5680" 5478 5756 910.5# 9												
2 10.5# 4.052" 5680' 5478' 5756' 3 Size Weight Internal Diameter Set at Perforations To 1.995" 5468 Pump Unit or Traveling Plunger? X Yes / No Completion (Describe) Type Fluid Production Pump Unit or Traveling Plunger? X Yes / No Completion (Describe) Type Fluid Production Pump Unit or Traveling Plunger? X Yes / No Completion (Describe) Type Fluid Production Pump Unit or Traveling Plunger? X Yes / No Completion (Describe) State	•	COMP)										
Size Weight Internal Diameter Set at Perforations To S468 Perforations Perforations To S468 Perforations To S468 Perforations Perf	ing Size	Weight				,			C 1			
Completion (Describe) Type Fluid Production GLE CONDENSATE & WATER GLE CONDENSATE									<u> </u>			
CONDENSATE & WATER CONDENSATE & WATER Sas Gravity-G g ULUS & TUBING All Log IT (Annulus / Tubing) All Depth (H) Pressure Taps (Meter Run) (Prover) Size (Meter Run) (Prover) Size Unre Buildup: Shut in 8/30	3/8	-				•	. 0101010110					
Anticog Control one Pressure Tensor Prover Pressure In (Ry Fig. 1) The Control one Pressure Prover Pressure In (Ry Fig. 2) The Uniform Prover Pressure Pressure Prover Pressure Pressure Prover Pressure Press	e Completion (D NGLE	escribe)	<u>.</u>			Pump	Unit or Travelin	ng Plunger?	χ Yes /	No		
Pressure Table T				% Carbon Dioxide		% Nit	rogen	Gas G	ravity-G _g			
OBSERVED SURFACE DATA OBSERVED SURFACE DATA Duration of Shut-in24	tical Depth (H)		·	Press	ure Taps			(Meter	Run) (Prove	er) Size		
OBSERVED SURFACE DATA Duration of Shut-in 24 Hot for provide for prover Pressure paig in (h) inches H O I I I I I I I I I I I I I I I I I I	ssure Buildup:											
Confidence Circle One Pressure Ended or Prover Pressure In (h) Inches H O Inches												
Continue				OBSERVE	ED SURFACI	E DATA		Duration	of Shut-in	Hour		
FLOW STREAM ATTRIBUTES Plate Coefficient (Coefficient Moder or Prover Pressure Psig Psig Psig Press Extension Pactor Prover Pressure Psig Psig Psid Psid Psid Psid Psid Psid Psid Psid	ynamic Size	Meter or Prover Pressure	Differential in (h)	mperature Temperature	Wellhead (P _W)or (Pressure Pt)(P _C)	Wellhea (P _W)or	d Pressure	Duration (Hours)			
FLOW STREAM ATTRIBUTES Plate Coefficient Circle One Meter or Press Extension Factor F		polg	mones in o			psia		psia	24			
Flow STREAM ATTRIBUTES Plate Coefficient (Fy)(F ₀) Prover Pressure psig	101-111				143		11/	 				
Plate Coefficient (F ₁ (F ₂) Prove Pressure psig Press Extension Psig Press Psid Psid Psid Psid Psid Psid Psid Ps	ow			51.034.07					<u> </u>			
Coefficient (F _b (F _c)) Meter or Prover Pressure psig (P _c) = (P				FLOW ST	REAM ALIF	KIBUTES						
P _Q 2 (P _Q) 3 (P _Q) 4 (P _Q	Coefficient (Էչ)(Էջ)	Meter or Prover Pressure	Extension	Factor F	Temper. Facto	ature or	Factor	R	(Cubic Fee	t/ Fluid Gravity		
P _Q 2 (P _Q) 3 (P _Q) 4 (P _Q												
Choose formula 1 or 2: 1. P _C - P ₃ 2 P _C > Q P ₃ 2 P _C > P _C - P ₃ 2 Green Flow Mcfd @ 14.65 psia The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts and therein, and that said report is true and correct. Executed this the Witness (if any) For Company Choose formula 1 or 2: 1. P _C - P ₃ 2 2. P _C - P ₄ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 2. P _C - P ₄ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 2. P _C - P ₄ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 2. P _C - P ₄ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 2. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2: 1. P _C - P ₃ 2 3. In Choose formula 1 or 2:			(OPE	N FLOW) (DELIVI	ERABILITY)	CALCULA	TIONS					
Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _w ² Antilog Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _w ² Antilog Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _w ² Antilog Choose formula 1 or 2: 1. P _c ² - P _a ² 2. P _c ² - P _w ² Antilog Choose formula 1 or 2: 1. P _c ² - P _a ² Antilog Choose formula 1 or 2: Antilog Choose for units Antilog Choose for units Antilog Choose for units Antilog Choose) ² =	$(P_a)^2 = (P_d)^2 = (P_d$							07			
Deliverability Mcfd @ 14.65 psia The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts duty authorized to make the above report and that he has knowledge of the facts day of OCTOBER Witness (if any) For Company Checked by	(P) ² (P) ² c or a (P) ² (P) ² c d	2	Choose formula 1 o 2 1. $P_c^2 - P_a^2$ (Rc) - (P.) 2 2. P_a^2 P. 2		LOG of formula 1, or 2 2 and divide 2 2 Assigne		n x LOG			Deliverability uals R x Antilog		
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts dutherein, and that said report is true and correct. Executed this the Set therein, and that said report is true and correct. Executed this the Witness (if any) For Company Checked by							,		_			
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Witness (if any) For Company Checked by Checked by	 	ersigned authority of			t he is duly aut			port and that he				
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For Commission Chacked by	W	fitness (if any)						For Con	npany (OCT 2 4 20		
	Fo	or Commission						Checker	1 by			

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 operatorEOG_RESOURCES, 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.								
hereby request a one-year exemption from open flow testing for the GARDINER 26 #1								
gas well on the grounds that said well:								
(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 vacuum at the present time; KCC approval Docket No								
X 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 corroborate this claim for exemption from testing.								
Date:								
\sim .								
Signature: DIANA THOMPSON								
Title SR. OPERATIONS ASSISTANT								
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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.