KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:			1	(See Instruc	ctions on Rev	erse Side	e)			
□ Ор	en Flow			T1 D-1							
✓ Del	liverabilty	1		Test Date 05/19/2				AP	1 No. 15 181-2009(6 - OO	\sim
Company LOBO	, PRODI	JCTION, I	NC.		s **	Lease WIGGII	NS '	,		1-1	Well Number
County SHERM		Loca	ation - i	Section 1	, Š	TWP 8S		RNG (E	:/W) · .		Acres Attributed
Field GOODL	LAND	GAS FIEL	D . ,	Reservoi NIOBF				Gas Ga	thering Conne		
Completic 6 / 23 /			·····	Plug Bac 959'	k Total Dep			Packer			
Casing Si 4.5	ize	Wei	ght	Internal (Diameter	Set at 1015		Perfo	orations	To 988'	
Tubing Siz	ze	Wei	ght	Internal (Diameter	Set at			orations	То	1.
Type Com		Describe)		Type Flui	id Productio	n		Pump U	nit or Traveling NO	Plunger? 'Yes	/ No
Producing) Thru (A	nnulus / Tubi	ng)	% C	Carbon Diox	ide		% Nitrogen		Gas Gravity - G _g .5877	
Vertical D	Vertical Depth(H)		'	,	Pres	sure Taps		•		(Meter Run) (Prover) Size 2" METER RUN	
Pressure I	Buildup:	Shut in _05	5/19	20_11_at_0	8:50	(PM)	Taken 05	5/20	20	11 _{at} 09:00	(AM) (PM)
Well on Li	ine:	Started		20 at		(AM) (PM)	Taken		20	at	(AM) (PM)
					OBSERVE	D SURFACE	DATA	:	.,	Duration of Shut-	24.17 Hours
Static / Dynamic Property	Orifice Size (inches)	Meter Differential Prover Pressure in		Flowing Temperature t	Temperature Temperature		Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing ead Pressure r (P _t) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)
Shut-In		poly (Fill) Inches H ₂ 0	:		psig 15	psia	psig	psia	frank, N	
Flow					- 1-1						
					FLOW STR	EAM ATTRIE	UTES				
	Coefficient Meter or (F _b) (F _p) Prover Pressure		Press Extension ✓ P _m x h	Grav Fact F _g	or]	Flowing Femperature Factor F _{f1}	Deviation Factor F _{pv}		Metered Flow R (Mcfd)	GOR (Cubic Fe Barrel)	Flowing Fluid Gravity G _m
(P _c) ² =	- - :	(P _w) ²	·	P _d =		ERABILITY)	 		:	(P _a) ² (P _d) ²	? = 0.207 ? =
(P _c) ² - (P _c or (P _c) ² - (P _c	.	(P _c) ² - (P _w) ²	1. P _c ² - P _d ² 2. P _c ² - P _d ² divided by: P _c ² - P _w	LOG of formula 1. or 2. and divide	P _c ² -P _w ²	Backpress Slope o Assig Standar	= "n" r jned	n x l	og [Antilog	Open Flow Deliverability Equals R x Antilog
						-	·				NOV 2 1 2011
Open Flow	<u> </u>		Mcfd @ 14	65 psia		Deliverabili	ty• .		M	lcfd @ 14.65 psi	└── ₭∁∁ <i>\</i> ⋈≀∩⊔ा⊤
The ur	ndersigne	ed authority, o	on behalf of the	Company, st	tates that h	e is duly auth	orized to	<u> </u>	e above peport	and that he ha	s knowledge of
the facts sta	ated there	ein, and that s	said report is trui	and correct	Executed	this the 1st		lay of 9	ctober		, ₂₀ <u>11</u> .
		Witness	(If any)	į	· ·		KL	cha	J A.	Mu	ll 1/2

	penalty of perjury under the laws of the state of Kansas that I am authorized to request
	Rule K.A.R. 82-3-304 on behalf of the operator LOBO PRODUCTION, INC.
_	ng pressure information and statements contained on this application form are true and
	my knowledge and belief based upon available production summaries and lease records
	tion and/or upon type of completion or upon use being made of the gas well herein named.
	a one-year exemption from open flow testing for the WIGGINS 1-1
gas well on the grou	nds that sale well.
(Check o	ne): `
i	s a coalbed methane producer
i	s cycled on plunger lift due to water
i	s a source of natural gas for injection into an oil reservoir undergoing ER
i	s on vacuum at the present time; KCC approval Docket No
√ i	not capable of producing at a daily rate in excess of 250 mcf/D
I further agree t	o supply to the best of my ability any and all supporting documents deemed by Commissio
	o corroborate this claim for exemption from testing.
staff as necessary t	on obotate the otalities exemption well testing.
·	o donoborate trib diaminer exemption methiclesting.
·	
·	
·	
staff as necessary t Date: 10/01/2011	
•	
•	Signature: When Ja Malor Title: OWNER/OPERATOR

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.