KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:			(See Instruc	tions on Rev	erse Side)			
Op	en Flow			Test Date				۸DI	No. 15		
√ De	tiverabilt	у		06/23/2				API	181-2031	0-0000	
Company LOBO		UCTION, IN	1C.			Lease KOLLE	R .,	√ ″,4			Vell Number 2-4
County SHERN	MAN	Locat SW N	ion W NW	Section 4	44.	TWP 8S		RNG (E/	•		Acres Attributed
Field GOOD	LAND	GAS FIELD) .	Reservoir		• 1	. ,		hering Conne		
Completic 1 / 20 /		• •	, ,,	Plug Bac 1059'	k Total Dept	th .	No. 41	Packer S	Set at ,		
Casing S 4.5	ize	Weigl 10.5#	ht	Internal [Diameter	Set at 1104			rations	To 1004'	
Tubing S	ize	Weig	ht	Internal [Diameter	Set at			rations	То	
Type Con	•	(Describe)		Type Flui	d Production	า		Pump Ur	nit or Traveling	Plunger? Yes	/ No
Producing	•	Annulus / Tubin	g)	% C	Carbon Dioxi	de		% Nitrog		Gas Gra	ıvity - G _g
Vertical D			,r	·	. Pres	sure Taps .					lun) (Prover) Size
T.D. 11									• • •		TER RUN
Pressure	Buildup:	Shut in _06/	/232	11 at 0	6:45	(PM)	raken 06	/24	20	11 _{at} 06:45	(PM)
Well on L	ine:	Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)
		-		-	OBSERVE	D SURFACE	DATA			Duration of Shut-i	24.00 Hours
Static /	Orifice	Circle one:	Pressure	Flowing	Well Head	Casir	g	٦	ubing	·	
Dynamic Size		Meter Differentia		Temperature	Temperature	mperature Wellhead Pre		Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)
Property	(inches	psig (Pm)	Inches H ₂ 0	t	t	psig	psia	psig	psia	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(30.10.0)
Shut-In						17			_		
Flow					-						
					FLOW STR	EAM ATTRIE	BUTES				
Plate		Circle one:	Press	Grav	vitv	Flowing	Devi	ation	Metered Flow	GOR	Flowing
Coefficient		Meter or Prover Pressure	Extension	Factor		emperature Factor	Factor		R	(Cubic Fee	t/ Fluid
(F _b) (F Mcfd	p'	psia	✓ P _m xh	Fg		F _{ft} F _p		(Mcfd)		Barrel)	Gravity G _m
				\$.							
L				(OPEN FL	, OW) (DELIV	ERABILITY)	CALCIII	ATIONS			
(P _c) ² =		: (P _w) ² =	·	P _d =			- 14.4) +		<u> </u>	(P _a) ² (P _d) ²	= 0.207
(P _c)² - (F		(P _c) ² - (P _w) ²	1. P _c ² -P _a ²	LOG of formula		Slope	sure Curve = "n"	n x l	.og	Antilog	Open Flow Deliverability
or (P _c) ² - (F	P _d) ²		2. P _c ² - P _d ² divided by: P _c ² - P _w ²	1. or 2. and divide by:	P _c ² · P _w ²	Assi Standar	gned d Slope			D	Equals R x Antilog (Mcfd)
				***			•				POLIVED
					· · · · ·		·			NO	V 2 1 2011
Open Flor		A 19 M	Mcfd @ 14.			Deliverabil	<u> </u>			Acfd @ 14.65 psi	
		. *	*		•	' ".		· *		t and that he has	_
the facts st	tated the	rein, and that s	aid report is true	and correct	t. Executed	this the 3rd		ay of 9	Ctober	7	20 11
	,		*	· · · · · · · · · · · · · · · · · · ·	. #		Ku	has	S U	m	
		Witness (if any)		1			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i For Co	ompany	

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 LOBO PRODUCTION, 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 testing for the KOLLER 2-4
gas well on the grounds that said well:
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. 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 Commissio staff as necessary to corroborate this claim for exemption from testing.
Date: 10/03/11
Signature: Suhufu Mille: 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.