Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Test Date: 0531/2011 Deliverbality Test Date: 0531/2011 Test Date: 0531/2011 API No. 15 181-20242 COCCOMPAND CARNSTRONG 2.6 ACriss Attributed Acriss Attribu	Type Test:				(See instruc	uons on He	everse Side	<i>'</i>)			
Lesse Company CDBO PRODUCTION, INC. Company CDBO PRODUCTION, INC. County Cocasion Section	Open F	low			T					Nic. am		
County Location Section TVP SHERMAN NENE Section TVP SHERMAN NENE NE SECTION SHERMAN NENE NENE SECTION SHERMAN NENE NENE SECTION SHERMAN NENE NENE SECTION SHERMAN NENE NENE SECTION SHERMAN NENE SECTION SHE	✓ Delivera	abilty			05/31/2	011			API		2 ~ 000	\sim
SHERMAN NE NE NE 6 8S 39W Gas Gathering Connection LOBO PRODUCTION, INC. JOBO PRODUCTION, INC. JOB PRODUCTION, INC. JO		DDUC	TION, IN	C						2		Well Number
Reservoir Sas Gathering Connection Sas Gathering Stee Sas Gat	County Location			6	6 00			HING (E/W)			Acres Attributed	
1/29 / 83		ID GAS	S FIELD								ection	_
Internal Diameter Set at Perforations To 1031	3 / 20 / 83							Packer Set at		*	•	
Type Completion (Describe) Type Fluid Production Pump Unit or Traveling Plunge?? Yes / No	Casing Size Weight										· -	
NO Tracesure Buildup: Shut in O5/31 20 11 at O8:00 AB (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) (PM) Taken O6/01 20 11 at O8:10 AB (PM) Taken O6/01 20 20 11 at O8:10 AB (PM) Taken O6/01 20 20 20 20 20 20 20 20 20 20 20 20 20				Internal (Internal Diameter Set at					То	То	
ASING O.2 Pressure Taps (Meter Run) (Prover) Size 2*METER RUN Pressure Buildup: Shut in 05/31 20 11 at 08:00 (AM) (PM) Taken 06/01 20 11 at 08:10 (AM) (PM) Taken 06/01 (AM) (PM) Take			cribe)		Type Flui	d Production	n		Pump Un	_	Plunger? Yes	/ No
ressure Buildup: Shut in O5/31 20 11 at O8:00 (AM) (PM) Taken O6/01 20 11 at 08:10 (A									•		8	
Comparison Com	· · · · · · · · · · · · · · · · · · ·			-	Pressure Taps ,			* '4 ' * ' * '				
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that said report is true and correct. Executed this the Continue	ressure Build	lup: Sh	nut in05/3	31 2	0_11_at_0	8:00	(AM) (PM)	Taken_06	5/01	20	11 at 08:10	(AM)(PM)
tablic / Orifice Size (nohes) Pressure (nohes) Pressure (nohes) Provar Pressure psig (Pm) Inches H,0	ell on Line:	Sta	arted	2	0 at							(AM) (PM)
Tatic / Orifice Meter Pressure Circle one: Pressure Circle one: Pressure Circle one: Prover Pressure Circle one: Prover Pressure Circle one: Prover Pressure Circle one: Prover Pressure Circle one: Pressure Pressure Circle one: Pressu		,				OBSERVE	D SURFAC	E DATA	į.	· • • • • • • • • • • • • • • • • • • •	Duration of Shut-	in 24.16 Hours
FLOW STREAM ATTRIBUTES Plate Coefficient (F ₁) (F ₂) Prover Prassure paia (P ₂) ² = (P ₄) ² = (P ₂) ² (P ₂	ynamic S	Orifice Meter Differentia (inches)		Differential in	Flowing Well Head Temperature		Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P_w) or (P_t) or (P_c)		Duration Liquid Produce	
FLOW STREAM ATTRIBUTES Plate Coefficient (F _b) (F _p) Prover Pressure psia (P _a) ² = (P _a) ² = (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² (P _a) ² - (P _a) ² (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² - (P _a) ² (P _a) ² (P _a) ² - (P _a) ²	hut-In		F 3 (* **)	2			1	psia	psig	psia		·
Plate Coefficient (F _p) (F _p) Meter or Prover Pressure psia (P _m) = (P _m) (Flow											
Coefficient (F _b) (F _p) Prover Pressure psia (P _c) ² =	 		· · · · · · · · · · · · · · · · · · ·			FLOW STR	EAM ATTE	RIBUTES	· · · · · · · · · · · · · · · · · · ·			
Poper Flow Mode @ 14.65 psia Deliverability The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he ISGGoWMICHI Facts stated therein, and that said report is true and correct. Executed this the Interpretation of the Company, states are considered as a considered by the constant of the company	Coefficient (F _b) (F _p)	Me Prove	eter or r Pressure	Extension	Factor		Temperature Factor F		ictor R		(Cubic Fe	et/ Fluid Gravity
c) ² =												
Choose formula 1 or 2: 1. P _c ² -P _a ² or (P _c) ² - (P _d) ² (Mctd) (Mctd	. 12		(D.)2					-				
Pen Flow Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia Deliverability Mcfd @ 14.65 psia 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		(P _c) ²	-	Choose formula 1 or 2:	LOG of		Backpressure Curve Slope = "n" or Assigned		n x LOG		(P _d)	Open Flow
Deliverability Mcfd @ 14.65 psia 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 is Growwood facts stated therein, and that said report is true and correct. Executed this the State of October Authorized to make the above report and that he is Growwood facts stated therein, and that said report is true and correct. Executed this the State of October Authorized to make the above report and that he is Growwood facts stated therein, and that said report is true and correct. Executed this the	or $(P_c)^2 - (P_d)^2$			2. $P_c^2 - P_d^2$ divided by: $P_c^2 - P_w^2$	1. or 2. and divide	P _c ² -P _w ²					Antilog	Equals 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 hacked the facts stated therein, and that said report is true and correct. Executed this the state of the day of the d			-		- 1						*	RECEIVED
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he hacked the facts stated therein, and that said report is true and correct. Executed this the state of the day of the d	on Flow	1		Motel @ 44	SE pois		امال	er e			VI-11-0-11-0-1	NOV 2 1 20
e facts stated therein, and that said report is true and correct. Executed this the 1st day of October , 20 11	•		•		· · · · · ·	7K.,			· i F			
Buhard a. miller				••		•	•	`			rt and that he ha	
Witness (if any)				. %;	4		- 1	1/2	T. J	1/1	m	Mr
	······································	···········	Witness (if	any) *	4			1 00	· · ·	For C	ompany	<u>. </u>

exempt status und and that the foregoe correct to the bes of equipment insta I hereby requ	der Rule K.A.R. 82-3-304 on behalf of the operator LOBO PRODUCTION, INC. going pressure information and statements contained on this application form are true and tof my knowledge and belief based upon available production summaries and lease records allation and/or upon type of completion or upon use being made of the gas well herein named. est a one-year exemption from open flow testing for the ARMSTRONG 2-6 rounds that said well:
(Check □ □ □ ✓	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 eto supply to the best of my ability any and all supporting documents deemed by Commission
	Signature: Auch A Mills 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.