Form G-2
(Rev. 7/03)

KANSAS CORPORATION COMMISSION
ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST
(See Instructions on Reverse Side)

Type Test:

☐ Open Flow

☐ Deliverablity

Test Date: _____

API No. 15 – 007-22076-0001

Company	Lease	Well Number
R + B Oil + Gas, Inc.	McKenzie	#3

County	Location	Section	TWP	RNG (E/W)	Acres Attributed
Barber	SE/4	14	30 S	14 W	

Field	Reservoir	Gas Gathering Connection
	Miss	OneOK

Completion Date	Plug Back Total Depth	Packer Set at
2-1-1996	4770	

Casing Size	Weight	Internal Diameter	Set at	Perforations	To
4½"	10.5 #		4850	4470 – 4500	

Tubing Size	Weight	Internal Diameter	Set at	Perforations	To
2 3/8"	4.7 #		4524		

Type Completion (Describe)	Type Fluid Production	Pump Unit or Traveling Plunger? (Yes) No
Single	Water	PU

Producing Thru (Annulus / Tubing)	% Carbon Dioxide	% Nitrogen	Gas Gravity - G_g
Annulus			.683

Vertical Depth(H)	Pressure Taps	(Meter Run) (Prover) Size

Pressure Buildup: Shut In 12-22 20 10 at _____ (AM) (PM) Taken _____ 20 ___ at _____ (AM) (PM)

Well on Line: Started 12-23 20 10 at _____ (AM) (PM) Taken _____ 20 ___ at _____ (AM) (PM)

OBSERVED SURFACE DATA
Duration of Shut-in 24 Hours

Static / Dynamic Property	Orifice Size (inches)	Circle one: Meter Prover Pressure psig (Pm)	Pressure Differential In Inches H₂0	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P_w) or (P_1) or (P_c) psig	Casing psia	Tubing Wellhead Pressure (P_w) or (P_1) or (P_c) psig	Tubing psia	Duration (Hours)	Liquid Produced (Barrels)
Shut-In						85					
Flow											

FLOW STREAM ATTRIBUTES

Plate Coefficient (F_b) (F_p) Mcfd	Circle one: Meter or Prover Pressure psia	Press Extension √ P_m x h	Gravity Factor F_g	Flowing Temperature Factor F_fₜ	Deviation Factor F_pv	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G_m

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_a)² = 0.207

$(P_c)^2 = $ _____ : $(P_w)^2 = $ _____ : $P_d = $ _____ % $(P_c - 14.4) + 14.4 = $ _____ : $(P_d)^2 = $ _____

(P_c)² - (P_a)² or (P_c)² - (P_d)²	(P_c)² - (P_w)²	Choose formula 1 or 2: 1. P_d² - P_a² 2. P_a² - P_d² divided by: P_d² - P_w²	LOG of formula 1. or 2. and divide by: P_c² - P_w²	Backpressure Curve Slope = "n" -------- or -------- Assigned Standard Slope	n x LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)

Open Flow	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 has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 24th day of January , 20 11

Randy Newberry

For Company

_____
Witness (if any)

_____
For Commission

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 25 2011

CONSERVATION DIVISION
WICHITA, KS

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 _R + B Oil + Gas, 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 _McKenzie #3_ 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. _____

☒ 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: _1-24-2011_

Signature: _Randy Newberry_

Title: _President_

Sorry about the name confusion.

Jane Tumple

e eligibility criteria set out in KCC regulation K.A.R. 82-3-304, the operator may
ed above in order to claim exempt status for the gas well.

ent calendar year, wellhead shut-in pressure shall have been measured after a
uildup time and shall be reported on the front side of this form under **OBSERVED**
isure shall thereafter be reported yearly in the same manner for so long as the gas
ibility criterion or until the claim of eligibility for exemption **IS** denied.

ewest shut-in pressure reading shall be filed with the Wichita office no later than
'hich it's intended to acquire exempt status for the subject well. The form must be
side as though it was a verified report of annual test results.