15-007-10,302-0000 (Rev. 7/03)

## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	it:				(	See Instruc	tions on Rev	erse Side	9)					
Open Flow Deliverability					Test Date: 11-2&3,2010				API No. 15-007-10,902-0000					
Company		LC	DEB LLC				Lease THOM	PSON			82	Well Nu	mber	
County Location BARBER SETTE NE			Section	Section 16		TWP 33S		RNG (E/W) 13W		Acres Attributed				
Field MEDIC	INE	LO	DGE		Reservoir	r			Gas Gath	ering Conn	ection			
Completion Date 11-26-53				Plug Back Total Depth 4695				Packer Se NONE	et at			<del></del>		
Casing Size Weight 5.500 14.00				Internal 0 5.012	Diameter	Set at 4495		Perforations 4453		To 4495	To 4495			
Tubing Size 2.375			Weight 4.70		Internal [	Internal Diameter		Set at <b>4494</b>		Perforations		То		
Type Completion (Describe) SINGLE				Type Flui	Type Fluid Production GAS,WATER				Pump Unit or Traveling Plunger? Yes / No PUMPING					
Producing	g Thn	(An	nulus / Tubin	g)		arbon Dioxi	ide		% Nitroge		Gas G	iravity - C	3 <sub>0</sub>	
Vertical C		H)		<u></u>		Pres	sure Taps			<del></del> -	(Meter	Run) (Pr	rover) Size	
4474 Bracoura	D. ild.		Shut in 11-	2-10			(444) (544)	11	1-3-10					
Pressure Buildup: Well on Line:			Started 20			at (						at (A		
							D SURFACE		-		Duration of Shu		<del></del>	
Static / Dynamic Property	Dynamic Size		Circle one: Meter Prover Pressi psig (Pm)	Pressure Differential in Inches H <sub>a</sub> 0	Flowing Temperature	Well Head Temperature	Casing		Tubing Wellhead Pressure $(P_w) \text{ or } (P_t) \text{ or } (P_c)$		Duration (Hours)	Liquio	Liquid Produced (Barrels)	
Shut-In			pag (rm)	miches H <sub>8</sub> O			32	psia	psig	psia	24		<del></del>	
Flow														
		<del></del> .		<del></del>	<del></del>	FLOW STR	REAM ATTRI	BUTES	<del></del>					
Plate Coefficient (F <sub>b</sub> ) (F <sub>p</sub> ) Mctd		Pro	Circle one: Meter or over Pressure psia	Press Extension	Extension Fac		Flowing Temperature Factor F <sub>11</sub>	Deviation Factor F <sub>pv</sub>		Motered Flov R (Mctd)	V GOR (Cubic F Barrel	cet/	Flowing Fluid Gravity G_	
								<u> </u>						
(P <sub>c</sub> )² =		_:	(P <sub>w</sub> ) <sup>2</sup> =	:	(OPEN FLO		ERABILITY) % (P,	CALCUL - 14.4) +		:	_	) <sup>2</sup> = 0.20	07	
(P <sub>o</sub> ) <sup>2</sup> + (P <sub>a</sub> ) <sup>2</sup> or (P <sub>o</sub> ) <sup>2</sup> + (P <sub>d</sub> ) <sup>2</sup>		(F	P <sub>e</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2  1. P <sub>c</sub> <sup>2</sup> -P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> -P <sub>a</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> -P <sub>a</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide	P.2. P.2	Backpressure Slope =		· · · · · ·	og [	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)		
Open Flor	w			Mcfd @ 14.	65 psia		Deliverabil	ity			Mcfd <b>@</b> 14.65 ps	sia		
The u	unders	igne	authority, or	behalf of the	Company, s	tates that h	e is duly aut	horized to	make the	<del></del>	rt and that he h		edge of	
the facts s	tated t	herel	n, and that sa	ald report is true	and correct	t. Executed	this the 23		day of NO	OVEMBEI	101.	, 2	20 10	
			Witness (i	(any)		<del></del>		_ <u>`</u>	ish		ompany	REC	EIVED	
			For Comm	ission						Chec	ked by	NOA	2 9 2010	

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 HERMAN L. LOEB LLC. 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 TH OMPSON B #2
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 Commission staff as necessary to corroborate this claim for exemption from testing.
Date: 11-23-10
Signature: Soshe H. Oldham  Title: REP. HERMAN L. LOEB LLC

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.