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

☐ Deliverability

Test Date: _____

API No. 15 – 191-20105-0001

Company	Lease	Well Number
LEGACY RESERVES Operating LP	ALVIN	#2

County	Location	Section	TWP	RNG (E/W)	Acres Attributed
Sumner	C NW SE	07	35 S	03 W	80

Field	Reservoir	Gas Gathering Connection
CALDWELL WEST	MISS LIME	Atlas Pipeline

Completion Date	Plug Back Total Depth	Packer Set at
9/15/1993	4885'	N/A

Casing Size	Weight	Internal Diameter	Set at	Perforations	To
5 1/2	17#		4885'	4629'-4744'	

Tubing Size	Weight	Internal Diameter	Set at	Perforations	To
2 7/8	6.5#		4-664'	4629-4744'	

Type Completion (Describe)	Type Fluid Production	Pump Unit or Traveling Plunger? (Yes)/ No
Single Zone	Oil/water	PUMPING UNIT

Producing Thru (Annulus /(Tubing))	% Carbon Dioxide	% Nitrogen	Gas Gravity - G_g
Tubing	0.3960	7.5998	

Vertical Depth(H)	Pressure Taps	(Meter Run) (Prover) Size
4885'		

Pressure Buildup: Shut In __1/27__ 20 12 at 8:00 (AM) (PM) Taken __1/28__ 20 12 at 8:00 (AM) (PM)

Well on Line: Started _____ 20 ___ at _____ (AM) (PM) Taken _____ 20 ___ at _____ (AM) (PM)

OBSERVED SURFACE DATA
Duration of Shut-In _____ Hours

Static / Dynamic Property	Orifice Size (Inches)	Circle one: Meter Prover Pressure psig (Pm)	Pressure Differential in Inches H₂O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P_w) or (P_t) or (P_c) psig	Casing Wellhead Pressure psia	Tubing Wellhead Pressure (P_w) or (P_t) or (P_c) psig	Tubing Wellhead Pressure psia	Duration (Hours)	Liquid Produced (Barrels)
Shut-In						130					
Flow											

FLOW STREAM ATTRIBUTES

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

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_c)² = _____ : (P_w)² = _____ : P_d = _____ % (P_c - 14.4) + 14.4 = _____ : (P_b)² = 0.207

(P_d)² = _____

(P_c)² - (P_n)² or (P_c)² - (P_d)²	(P_c)² - (P_w)²	Choose formula 1 or 2: 1. P_n² - P_n² 2. P_d² - P_w² divided by: P_c² - P_w²	LOG of formula 1. or 2. and divide by: [P_d² - 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 __3rd__ day of __August__ , 20 12.

_____
Legacy Reserves

_____
Witness (if any)   Per Company

_____
For Commission   Checked by

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AUG 0 3 2012

KCC WICHITA

Form G-2
(Rev. 7/03)

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 _____
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 ___*Alvin #2*___
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: ___8/3/2012___

Signature: _____

Title: ___Production Engineer___

Ange Mendez 405-501-1870

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.

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KCC WICHITA