

Kansas Corporation Commission

One Point Stabilized Open Flow or Deliverability Test

Form O-2
(Rev. 7/03)

Type Test:

☐ Open Flow
☐ Deliverability

Test Date:

09/05/2012

API No.

15175220810000

Company
OXY USA Inc

Lease
BRUNS B 1

Well Number

County
Seward

Location
1900 FNL & 1750 FEL

Section
21

TWP
34S

RNG (E/W)
33W

Acres Attributed
640

Field
SALLEY

Reservoir
Morrow

Gas Gathering Connection
Oneok

Completion Date
11/24/2006

Plug Back Total Depth
6,551'

Packer Set at

Casing Size
5 1/2"

Weight
17.0#

Internal Diameter
4.892"

Set at
6,591'

Perforations
6,034'

To
6,090'

Tubing Size
2 3/8"

Weight
4.7#

Internal Diameter
1.995"

Set at
6,028'

Perforations

To

Type Completion (Describe)
SINGLE-GAS

Type Fluid Production
WATER

Pump Unit or Traveling Plunger?
No

Yes / No

Producing Thru (Annulus / Tubing)
Tubing

% Carbon Dioxide
0.423%

% Nitrogen
2.462%

Gas Gravity - Gg
0.709

Vertical Depth (H)
6,062'

Pressure Taps
Flange

(Meter Run) (Prover) Size
3.068"

Pressure Buildup: Shut in **09/04** 20 **12** at **9:00**

Taken **09/05** 20 **12** at **9:00**

Well on Line: Shut in _____ 20 _____ at _____

Taken _____ 20 _____ at _____

OBSERVED SURFACE DATA

Duration of Shut-in **24** Hours

Static / Dynamic Property	Onflow Size (inches)	Circle one: Meter Prover Pressure psig (Pm)	Pressure Differential in Inches H ₂ O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _i) or (P _c) psig	Tubing Wellhead Pressure (P _w) or (P _i) or (P _c) psia	Duration (Hours)	Liquid Produced (Barrels)
Shut-In						50.0	64.4	24	
Flow									

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _a) (F _p) Mcfd	Circle one: Meter or Prover Pressure psia	Press Extension P _m x h	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _w	Metered Flow R (Mcfd)	GOR (Cubic Feet/Barrel)	Flowing Fluid Gravity G _m

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_a)² = **0.207**

(P_d)² = **0**

(P_c)² = _____ : (P_w)² = **0.0** : P_d = _____ % (P_c - 14.4) + 14.4 = _____

(P _a) ² - (P _d) ² or (P _c) ² - (P _d) ²	(P _a) ² - (P _w) ²	Choose Formula 1 or 2: 1. P _c ² - P _d ² 2. P _c ² - P _w ² divided by: P _c ² - P _w ²	LOG of formula 1. or 2. and divide by:	P _c ² - P _w ²	Backpressure Curve Slope = "n" or Assigned Standard Slope	n x LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)

Open Flow

0

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 **21** day of **September**, **2012**

Witness

For Commission

OXY USA Inc.

For Company

David Ogden Oxy USA Inc.

RECEIVED

SEP 26 2012

Form G-2
(Rev. 7/03)

KCC WICHITA

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 OXY USA 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 BRUNS B 1 for the 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 a 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: September 21, 2012

Signature: David Ogden
OXY USA Inc.

Title: Gas Business Coordinator

Instructions: If a gas well meets one of the eligibility criteria set out in the 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 31st 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.