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Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test (See Instructions on Reverse Side)

KCC WICHITA (Rev. 7/03)

	Type Test:					(Se	ee Instruc	tions o	n Reverse	Side)					
Description County Count	= '				Test Date	e :	06	3/29/20	012		API No.		15081218	380	000
Baskell 330" FNL & 1650" FEL 24 30S 32W 640									*Z*						umber
Purp Back Total Depth Packer Set at	•	330' FI								R	, ,		Acı		
105/2009 5,743'	•														
172" 17.0# 4.892" 5,803' 5,349' 5,426'		•			!		Total Dep	oth		Р	acker Set at				
1.995" 5,552 Proper Pluid Production Pump Unit or Traveling Pluinger? Yes / No NGLE-GAS NATER Pump Unit or Traveling Pluinger? Yes / No NGLE-GAS NATER Pump Unit or Traveling Pluinger? Yes / No NGLE-GAS NATER Pump Unit or Traveling Pluinger? Yes / No NGLE-GAS NATER Pump Unit or Traveling Pluinger? Yes / No NGLE-GAS NATER Pump Unit or Traveling Pluinger? Yes / No NGLE-GAS NATER Pump Unit or Traveling Pluinger? Yes / No NGLE-GAS NATER			-									ıs		:6'	
NGLE-GAS WATER Yes - Beam Pump			_	t			ameter	S			Perforation	ıs	То		
Tricial Depth (H) Fressure Taps Community Fressure Taps Fressure		n (Descri	ibe)				Production	on	·	Р					Yes / No
State Stat	-									-					
Static / Office Size / Office Size / Properly (inches) Passure / Prover Pressure / Passure / Prover Pressure / Passure / Passu		٦)							aps				•	, ,	,
Continue Circle one: Pressure Differential inches Flowing Toubing Wellhead Pressure Wellhead Wellhead Pressure Wellhead Wellhead Pressure Wellhead Pressure Pressure Pressure	essure Buildur	p: Sh	ut in	06/2	8	20 12	at 9:0	<u>0</u>		Taken _	06/29	20 12	at <u>9</u> :	:00	
Casing Tubing Wellhead Pressure Flowing Flowin	ell on Line:	Sh	ut in			20	at	_		Taken _		20	at		
State / Onfice Synamic Size Prover Pressure pass of Inches H ₂ O Inche							OBSER	VED S	URFACE	DATA		Duration of	Shut-in	24	Hours
Property (Inches) psig (Pm) Inches H ₂ O t t psig psia psig psia (Hours) (Barrels)			Mete	ır	Different	ial Flowin			Weilhead	Pressure	Wellhead	l Pressure	Duration		Liquid Produced
Plate Coefficient (F ₃)(F ₁) Meter or Prover Pressure psia P _m x h P _m	Property (inc	hes)	psig (F	^{>} m)	Inches H	₂ O t		+			psig	psia	 		(Barrels)
Plate Coefficient (F _S) (F _P) P_{CS} (Cubic Peet/Barrel) P_{CS} (Cubic Feet/Barrel) P_{CS} (P _O) ² P_{CS} $P_$	Flow														
Coefficient $(F_a)(F_p)$ $(F_p)(F_p)$ $(F_p)(F_p)$ $(F_p)(F_p)$ $(F_p)(F_p)$ $(F_p)(F_p)$ $(F_p)(F_p)$ $(F_p)(F_p)(F_p)$ $(F_p)(F_p)(F_p)(F_p)(F_p)(F_p)(F_p)(F_p)$	<u>. </u>						FLOW S	TREA	M ATTRIE	BUTES					
$ (P_c)^2 = (P_w)^2 = 0.0 : P_d = $	Coefficient $(F_b)(F_p)$	Mete Prover P	r or ressure	Exte	nsion	Factor	Ter	nperature Factor	Fax	ctor	R	(Cubic			Fluid Gravity
$ (P_c)^2 = \underbrace{ (P_w)^2 = 0.0 }_{\text{CPc}} : P_d = \underbrace{ (P_d)^2 = 0.0 }_{\text{CPc}} : P_d = (P_d)^2 = 0.0 $	L					(OPEN FL	.OW) (DE	LIVER	ABILITY)	CALCUL	ATIONS		(P,	 a) ² =	0.207
(P _c) ² - (P _e) ² or (P _c) ² - (P _e) ² 1. P _c ² - P _a ² 2. P _c ² - P _a ² divided by: P _c ² - P _a ² en Flow O 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	c) ² =	_:	$(P_w)^2 =$	0.0	:							;			
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	or	(P _c) ² - (P	(_w) ²	1. P _c ² - 2. P _c ² -	P _a ² P _d ²	formula 1. or 2. and divide	P _c ² - P _w ²		Slope = "n or Assigned	" 	n x LOG		Antilog	E	Deliverability quals 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 has knowledge of			+												
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	nen Flow			Mar	d @ 14 6	5 psia		Deliv	erability			 Mcfd @	14.65 psia	—	
			undersign	ed authority	, on behal	f of the Compa		nat he is c	duly authorize			d that he has k			2012
OXY USA Inc. Witness For Company			VAA+	ness	·									<u> </u>	
David Ogden Oxy USA Inc.											David (7	<u>c.</u>	/

Form G-2 (Rev. 7/03)

KCC WICHITA

MOO WOUNT
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 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 Smith 2 *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: October 2, 2012
David Ogden Signature: 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.