KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Test | : | | | (| See Instruc | tions on Heve | erse Siae | ') | | | | | |
|--|-----------------|---|--|-------------------------------|---|--|--|--|---------------|---|---------------------------------------|---|--|
| Op- | en Flow | | | Toot Date | | | | ADIA | lo 15 | | | | |
| ✓ Deliverability | | | | | Test Date: API No. 15 10/23/2012 15-181-20103 — 600 I | | | | | | | | |
| Company LOBO F | | JCTION, I | INC. | | | Lease BRINEY | · | | | 2-35 | Well Nu | ımber | |
| County Location | | | Section | | | | | 3 (E/W) | | Acres Attributed | | | |
| SHERMAN SW NE SW | | | 35 Reservoir | <u> </u> | 7S | | 39W | ring Cons | Retion Ref | | -RECE | | |
| GOODLAND GAS FIELD | | | | | NIOBRARA | | | Gas Gathering Conne LOBO PRODUC | | | | NOV . | |
| Completion Date 7/12/80 | | | | Plug Bac 1010' | k Total Dep | oth | Packer Set at | | | | KC | C 1. | |
| Casing Size Weight 4 1/2" | | | Internal [| Internal Diameter | | Set at Perforations 977' 977' | | tions | To 1040' | ОН | RECE NOV 1 4 | | |
| Tubing Size Weight | | | Internal [| Diameter | Set at | | Perfora | tions | То | | | | |
| Type Completion (Describe) SINGLE GAS | | | | | Type Fluid Production | | | Pump Unit or Traveling Plunger? Yes NO | | | | | |
| Producing Thru (Annulus / Tubing) | | | | | % Carbon Dioxide | | | % Nitrogen | | | Gas Gravity - G _g .5877 | | |
| Vertical Depth(H) T.D. = 1040' | | | | | Pressure Taps | | | , , | | (Meter Run) (Prover) Size 2" METER RUN | | | |
| Pressure | Buildup: | Shut in | 0/23 | 20 12 at 0 | 7:50 | . (AM) (PM) 1 | Taken 10 |)/24 | 20 | 12 _{at} 08:45 | | (AM) (PM) | |
| Well on Li | ine: | Started | : | 20 at | | (AM) (PM) 1 | Taken | | 20 | at | (| (AM) (PM) | |
| | | | | _ | OBSERVE | ED SURFACE | DATA | | | Duration of Shut | -in_24. | .92 Hours | |
| Static / Dynamic | Orifice Size | ize Prover Pressure i | | Flowing Temperature | | Casing Wellhead Pressure (P _w) or (P _t) or (P _c) | | Tubing Wellhead Pressure (P _w) or (P _r) or (P _c) | | Duration (Hours) | Liquid Produced (Barrels) | | |
| Property | (inches) | psig (Pn | n) Inches H ₂ 0 |) ¹ | t | psig | psia | psig | psia | | | | |
| Shut-In | | | | <u> </u> | | 21 | | | | | | | |
| Flow | | | | | | | | | | | | | |
| | | | | | FLOW STI | REAM ATTRIE | BUTES | J | | | | | |
| Plate | | Circle one: | Press | Grav | vitv | Flowing | Devi | iation | Metered Flov | v GOR | | Flowing | |
| Coeffieci (F _b) (F _b Mcfd | _o) | Meter or Ext Prover Pressure psia | | n Factor | | Temperature Factor F _{ft} | Fa | ctor | R (Mcfd) | (Cubic Fe Barrel) | eet/ | Fluid Gravity G _m | |
| | | | | | | | | : | | | | | |
| | | _ | | • | | /ERABILITY) | | | | |) ² = 0.2 | | |
| P _c) ² = | : | (P _w) ² | Choose formula 1 or | P _d = | | | - 14.4) + | | ; | (P _d) |)2 = | | |
| (P _c) ² - (F or (P _c) ² - (F | | $ (P_c)^2 - (P_w)^2 $ $ (P_c)^2 - (P_w)^2 $ $ 1. P_c^2 - P_a^2 $ $ 2. P_c^2 - P_d^2 $ | | LOG of formula 1. or 2. | formula | | Backpressure Curve Slope = "n" or Assigned | | og \[\] | Antilog | Dei | Open Flow Deliverability Equals R x Antilog | |
| | | | divided by: P _c ² • P _c | | ' c ' w | Standar | d Slope | | L _i | | | (Mcfd) | |
| Open Flov | | | Mcfd @ 14 | .65 psia | | Deliverabili | ity | | | Mcfd @ 14.65 ps | sia | | |
| The u | ındersign | ed authority, | on behalf of the | Company, s | states that I | he is duly auti | horized to | make the | above repo | rt and that he ha | as know | /ledge of | |
| ie facts st | tated the | rein, and that | said report is tru | e and correc | t. Executed | this the 1st | | day of No | vember | · | | 20 12 . | |
| | | | | | | | 1 | | | wi | <i>II.</i> . | · | |
| | | Witnes | s (if any) | | | _ | 110 | crou | O UL. | · //// | W- | | |
| | | | | | | | | | | | | | |

NOV 1 4 2012

| KCC WICHITA | | | | | | | |
|--|--|--|--|--|--|--|--|
| I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request mpt status under Rule K.A.R. 82-3-304 on behalf of the operator LOBO PRODUCTION, INC. | | | | | | | |
| that the foregoing pressure information and statements contained on this application form are true and | | | | | | | |
| ect to the best of my knowledge and belief based upon available production summaries and lease records | | | | | | | |
| quipment 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 BRINEY 2-35 | | | | | | | |
| 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 Commissic as necessary to corroborate this claim for exemption from testing. | | | | | | | |
| e: <u>11/01/2012</u> | | | | | | | |
| | | | | | | | |
| Signature: Butand A. Mille | | | | | | | |

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.